



Bris Aluminium Pty Ltd  
 ABN 13 088 447 812  
 PO Box 862,  
 Springwood QLD 4127  
 Ph (07) 3299 5227  
 Fax (07) 3299 5228  
 Email accounts@brisaluminium.com

## CREDIT ACCOUNT APPLICATION

### Nature of Organisation:

Sole Trader  Partnership  Proprietary Company  Trust  Other  \_\_\_\_\_

Trade Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Registered Office: \_\_\_\_\_ E-Mail: \_\_\_\_\_

ABN Number: \_\_\_\_\_ Credit Required: \_\_\_\_\_

Date Established: \_\_\_\_\_

Details of Directors (if Propriety Ltd)	Details of Sole Trader, Partnership
1. Full Name: _____	1. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
2. Full Name: _____	2. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____

Contact Person for Accounts: \_\_\_\_\_

Name and Branch of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

1. \_\_\_\_\_ Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

2. \_\_\_\_\_ Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

3. \_\_\_\_\_ Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that the above information is true and correct and that I am authorised to make this application for Credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Bris Aluminium Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director or a shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.***

SIGNED (CLIENT): \_\_\_\_\_ SIGNED (SELLER): \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

### WITNESS TO CLIENTS SIGNATURE:

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ORIGINAL SIGNED APPLICATION TO BE RETURNED**

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