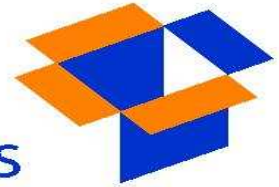


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CREDIT APPLICATION

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| | |
|--|------|
| Date of Application: | |
| Company Name: | |
| ABN: | |
| Other Trading Names: | |
| Contact Person: | |
| Address: | |
| Phone: | Fax: |
| Type of business: | |
| Date business established: | |
| Are you a: <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> P/L COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LTD COMPANY | |
| Full Name and Address(s) of Proprietor(s) or Company owning the business:- _____ _____ _____ | |
| TWO CURRENT TRADE REFERENCES: 1 _____ Phone No: _____ Contact: _____ 2 _____ Phone No: _____ Contact: _____ | |
| PTO→ | |

