

CREDIT APPLICATION FORM

Please return form to Northfields WA Pty Ltd Accounts
PO Box 3594 Midland Wa 6056 or fax : 08 9238 1387
or email: admin@northfields.com.au



FULL COMPANY NAME

FULL INVOICE ADDRESS

CITY STATE P/CODE

TELEPHONE NUMBER FAX NUMBER

A.C.N A.B.N

CREDIT AMOUNT REQUESTING

ACCOUNTS CONTACT NAME

NAMES & ADDRESSES OF THREE (3) TRADE REFERENCES

1 Name
Address
Phone Fax

2 Name
Address
Phone Fax

3 Name
Address
Phone Fax

**** NORTHFIELDS WA PTY LTD PAYMENT TERMS ARE STRICTLY 30 DAYS NETT OF INVOICE DATE****

I/WE DECLARE THE ABOVE INFORMATION TO BE CORRECT AND AGREE TO YOUR TERMS

NAME DATE

SIGNATURE POSITION

OFFICE USE ONLY

A/c Number Credit Limit

Notes

Approved: Checked by B.T.

Checked by J.T.