

CREDIT APPLICATION FORM

Business Name:		
Trading As:		
Contact Person:	Contact Person for Accounts:	
Postal Address:		Post Code:
Delivery Address:		
Phone:	Fax:	Email:
Bank:	Branch:	
Accountants Name:	Address:	
Solicitors Name:	Address:	
DIRECTORS / PARTNERS/OWNERS		
FULL NAMES:	RESIDENTIAL ADDRESS:	Home Number:
1		
2		
TRADE REFERENCES:		
Name:	Contact Person:	Phone Number:
1		
2		

I hereby acknowledge that this credit account is provided on the understanding that payment for goods and services supplied by Selector Uniforms Ltd will be made strictly by the 20th of the month following purchase and that any fee/expense incurred in effecting collection of account in default of this condition will be added to the amount owing. Interest on overdue accounts may be charged monthly at the ruling overdraft rate for Selector Uniforms Ltd plus 5%. All goods supplied by Selector Uniforms Ltd remain the property of Selector Uniforms Ltd until payment in full has been received in respect to the said goods. In signing this form you hereby authorize Selector Uniforms Ltd to obtain information on your credit history from any credit reporting agency or track reference.

Name:	Title
Signature:	Date:

Office Use Only:	Account number allocated:
Managers Name:	Manager Signature:
Date:	References Checked: