



OFFICE USE ONLY

DATE REC:.....
CREDIT LIMIT: \$.....
APPROVED BY:.....
INS CHECK:.....APP: Y / N
REP .....NOTIFIED Y / N
CUST. NOTIFIED BY LETTER Y / N

CREDIT APPLICATION

I/We understand that the trading terms offered by New Touch Laser Cutting Pty Ltd are NETT THIRTY (30) DAYS and will undertake to pay all accounts on the due date. I/We understand that in the case of an overdue account credit may be put on hold until the account is brought up to date.

BUSINESS NAME:.....

ABN:..... ACN:.....

ADDRESS: .....

POSTCODE:.....

POSTAL ADDRESS: .....

POSTCODE:.....

PHONE NUMBER: ..... FAX NO: .....

EMAIL: .....

HOW LONG AT THIS ADDRESS: .....

PREVIOUS ADDRESS, IF LESS THAN 12 MONTHS: .....

TYPE OF BUSINESS: ..... YEAR ESTABLISHED: .....

CREDIT LIMIT REQUESTED PER MONTH: .....

NAME AND ADDRESS OF DIRECTORS / PARTNERS OR PROPRIETORS:

1.....

2.....

3.....

4.....

TRADE REFERENCES (Relevant to credit request where possible, minimum 3 required please): CHECKED BY:

1.....PH:..... FAX:.....

2.....PH:..... FAX:.....

3.....PH:..... FAX:.....

4.....PH:..... FAX:.....

I, .....certify that I am authorised to sign this form on behalf of the above, the information supplied is true and grant permission for New Touch Laser Cutting P/L to check my trading history and verify that the above information is correct.

Signature:..... Position:..... Date:.....

P.O. Box 2033, Bayswater 3153
Corner of Malvern St & Edelmaier St, Bayswater

Email: admin@newtouchlaser.com.au
Ph. 9720 – 8248

ABN: 21 603 828 001

Webpage: www.newtouchlaser.com.au
Fax.9720 – 9852

“The Professionals in Laser Cutting”