CREDIT APPLICATION

Please return this completed application form to [admin@gcswa.com.au](mailto:accounts@gcswa.com.au)

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| --- | --- | --- | --- |
| **COMPANY INFORMATION** | | | |
| Trading Name | | Click or tap here to enter text. | |
| Registered Company Name | | Click or tap here to enter text. | |
| Nature of Business | | Click or tap here to enter text. | |
| Date Business Commenced | | Click or tap here to enter text. | |
| Estimated Monthly Spend | | Click or tap here to enter text. | |
| Company ABN | | Click or tap here to enter text. | |
| Company ACN | | Click or tap here to enter text. | |
| Trading Address | | Click or tap here to enter text. | |
| Postal Address | | Click or tap here to enter text. | |
| Telephone | | Click or tap here to enter text. | |
|  | |  | |
| **DETAILS OF DIRECTORS/PARTNERS** | | | |
| Name | Address | | Contact Number |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
|  |  | |  |
| **ACCOUNT INFORMATION** | | | |
| Accounts Payable Contact | | Click or tap here to enter text. | |
| Accounts Payable Email | | Click or tap here to enter text. | |
| Accounts Payable Phone | | Click or tap here to enter text. | |
| Direct Invoices to: | | Click or tap here to enter text. | |
|  | |  | |
| **CREDIT REFERENCE 1** | | | |
| Company | | Click or tap here to enter text. | |
| Contact Name | | Click or tap here to enter text. | |
| Telephone | | Click or tap here to enter text. | |
| Email | | Click or tap here to enter text. | |
| **CREDIT REFERENCE 2** | | | |
| Company | | Click or tap here to enter text. | |
| Contact Name | | Click or tap here to enter text. | |
| Telephone | | Click or tap here to enter text. | |
| Email | | Click or tap here to enter text. | |
| **CREDIT REFERENCE 3** | | | |
| Company | | Click or tap here to enter text. | |
| Contact Name | | Click or tap here to enter text. | |
| Telephone | | Click or tap here to enter text. | |
| Email | | Click or tap here to enter text. | |

I, the authorised signatory, understand that by signing this application I declare that I have read and agreed to General Crane Services (WA) Pty Ltd terms and conditions.

Date of Application: Click or tap here to enter text.

Full Name of Authorised

Person completing application: Click or tap here to enter text.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_