CREDIT APPLICATION

Please return this completed application form to admin@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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_