

CREDIT APPLICATION

CUSTOMER/BUSINESS CONTACT INFORMATION

Legal Business Name:			
Trading Business Name or Customer Name:			
Customer or Business Name to appear on Invoices/Reports/Statements:			
Primary Contact #1 Name:		Position:	
Contact #1 E-mail:			
Additional Contact #2 Name:		Position:	
Contact #2 E-mail:			
Business E-mail:		Telephone:	Fax:
Website:			
Physical Address:			
City:		Post Code:	State:
Additional Physical Address:			
Postal Address:			
City:		Post Code:	State:
ACN:		ABN:	
Customer Type: (Circle)	Agricultural	Commercial	Domestic Retail Staff Standard

BUSINESS OWNERSHIP INFORMATION IF APPLICABLE

Type of Ownership:	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Company <input type="checkbox"/>	Trust <input type="checkbox"/>
Business Owner's Details				
Name:				
Address:				DOB:
Name:				
Address:				DOB:
Name:				
Address:				DOB:
Name:				
Address:				DOB:

Business and Credit Information if Applicable

Date Business Commenced:			
How long at Current Address?			
Default Payer Name:			
Typical Payment Method: (Circle) Credit Card Cash Cheque Direct Debit			
Bank Name:		BSB:	Account No:
Bank Address:			
Monthly Trading Limit required: \$ per month			
Unique Purchase Order:		Purchase Order Mandatory?: Y/N	
Invoice/Statement Default Outgoing: (Circle) Print Only E-mail Only Both Printed and E-mail			
Invoice/Statement E-mail Address:			
Invoice/Statement CC Address:			
Invoice/Statement BCC Address:			
Accounts Payable Contact Name:			
Phone:			
E-mail Address:			
Purchasing Contact Name:			
Phone:			
E-mail Address:			

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

Post Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

Post Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

Post Code:

Phone:

Fax:

E-mail:

Type of Account:

AGREEMENT

1. All invoices are to be paid within **30 days** from end of month of the invoice date.
2. Claims arising from invoices must be made within **seven** working days.
3. By submitting this application, you authorise **Think Water Northern Rivers** to make enquiries into the trade references that you have supplied.

SIGNATURES

Signature:

Signature:

Name:

Name:

Title:

Title:

Date:

Date:

Think Water Northern Rivers bank details:

Account Name: Fernie Holdings Pty Ltd
 BSB: 082 522
 Account Number: 12223 6820
 Bank: National Australia Bank
 Branch: Ballina

Please email full remittance for each payment to northernrivers.admin@thinkwater.com.au by payment date.

Office Use Only:

Price Level:
 Override Price Level:
 Rate Level:
 Customer %:

Please complete this form to northernrivers.accounts@thinkwater.com.au.