

Credit Application Form

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Registered Business Name:			
Trading as:			
ABN:			
Number of years trading:			
Business Address:			
Postal Address: (type "as above" if applicable)			
Phone:			
Length of time at current address:			
Fax:			
Email (for accounts):			
Estimated monthly trade: (for credit limit assessment)			
Amount of credit requested:			
Credit Terms (please circle – terms other than 14 days only granted in special circumstances)	7 Days (from Invoice)	14 Days (from Invoice)	Other: (please indicate requested terms)
Names, date of birth, residential address of directors / partners			
Name:		Name:	
DOB:		DOB:	
Residential Address:		Residential Address:	
Drivers Licence No:		Drivers Licence No:	
Trade References:			
Business Name:		Business Name:	
Contact Name:		Contact Name:	
Phone:		Phone:	
Email:		Email:	
<p>Disclosure: I/We the undersigned declare that the above application is true and correct and agree to the Terms and Conditions as outlined by iScape (attached) and can also be found at: http://iscap.com.au/documents/TermsAndConditions.pdf</p>			
<p>Signatures:</p> <p>Print Name:</p> <p>Date:</p>			
<p>PLEASE NOTE this application can only be signed personally by the Proprietor, by at least two partners or by the Director and the Secretary of the Company.</p>			
<p>When you have completed this form please email to accounts@iscap.com.au</p>			