

Credit Application Form

www.iscape.com.au

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:	
Trade References:			
Business Name:		Business Name:	
Contact Name:		Contact Name:	
Phone:		Phone:	
Fax:		Fax:	
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://iscape.com.au/documents/TermsAndConditions.pdf			
Signatures:			
Print Name:			
Date:			
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.			
When you have completed this form please fax back to (07) 4953 2915 or email accounts@iscape.com.au			