



Credit Application – Trade Customers

ACCOUNT DETAILS

Trading Name (Account Name): _____

Company Name: _____

Postal Address: _____

Business/Delivery Address: _____

Registered Office: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Account Type:

A – Sole Trader

B – Company

C – Partnership

D – Other (please specify)

Please state full name of Trust if Applicant is a Trustee: _____

CUSTOMER SERVICE INFORMATION

Main Contact: _____ Email: _____

Accounts Contact: _____ Email: _____

Persons Authorised to Purchase

- _____
- _____
- _____

Estimate of Monthly Credit Required: _____

TRADE REFERENCES

Company	Contact	Telephone	Annual Purchases
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

NAME AND ADDRESSES OF DIRECTORS/PARTNERS/PROPRIETORS

1. Surname: _____ Given Names: _____ Position: _____

Residential Address: _____

Has this person ever been declared bankrupt or been disqualified from being an officer of a company, if so please provide full details.

Educational Concepts (Sales) Pty Ltd

A.B.N. 11 001 896 840

Suite 6, 13A Narabang Way Belrose 2085 NSW Australia

Phone: +61 (0)2 9986 1605 Fax: +61(0)2 9986 1606

Email: info@edugroup.com.au



NAME AND ADDRESSES OF DIRECTORS/PARTNERS/PROPRIETORS

2. Surname: _____ Given Names: _____ Position: _____

Residential Address: _____

Has this person ever been declared bankrupt or been disqualified from being an officer of a company, if so please provide full details.

3. Surname: _____ Given Names: _____ Position: _____

Residential Address: _____

Has this person ever been declared bankrupt or been disqualified from being an officer of a company, if so please provide full details.

I/We the Directors of the company personally guarantee all debts incurred by the Company.

I/We acknowledge that our personal and real assets can be used in satisfaction of these debts.

I/We understand that costs incurred in the recovery of outstanding debts, will be recoverable.

I/We hereby certify that the above information, supplied in the support of our application, is correct. Upon being granted a credit account, I/We agree to accept the trading terms.

Director 1:
Signature: _____ Name: _____ Dated: _____

Director 2:
Signature: _____ Name: _____ Dated: _____

Director 3:
Signature: _____ Name: _____ Dated: _____

PRIVACY ACT AUTHORITY

You are hereby authorised to disclose and provide to the Credit Controller of Educational Concepts (Sales) Pty Ltd, of 6/13a Narabang Way, Belrose with all documents, papers, records and information that may be required from you relating to my/our financial affairs. In regard to this credit application only. A photocopy of this authority shall be considered as effective and valid as the original.

Signature: _____ Name: _____ Office Held: _____

Dated: _____

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