

## Credit Application

### Customer information

Type of business:		
<input type="checkbox"/> Government <input type="checkbox"/> Public company <input type="checkbox"/> Private company <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Sole trader <input type="checkbox"/> Other		
Business name/trading name:		ABN:
Parent, group or franchise (if any):		
Trust name (if any):		Date of trust deed (if any):
If the customer is a company:		
ACN:	Date of registration:	State of registration:
Address of registered office:		
Business address:		
Postal address:		
Telephone:	Facsimile:	

### Contact person

Full name:		Title:
Address:		
Telephone:	Facsimile:	Email:

### Director/proprietor details (All directors, partners and proprietors to complete)

<b>Director/proprietor 1</b>		
Full name:		Title:
Address:		
Telephone:	Facsimile:	Email:

**Director/proprietor 2**

Full name:

Title:

Address:

Telephone:

Facsimile:

Email:

**Director/proprietor 3**

Full name:

Title:

Address:

Telephone:

Facsimile:

Email:

**Director/proprietor 4**

Full name:

Title:

Address:

Telephone:

Facsimile:

Email:

**Trade references**

Company:

Company:

Company:

Contact:

Contact:

Contact:

Address:

Address:

Address:

Telephone:

Telephone:

Telephone:

Facsimile:

Facsimile:

Facsimile:

Email:

Email:

Email:

Account opened since:

Account opened since:

Account opened since:

Credit Limit:

Credit Limit:

Credit Limit:

**Financial information**

Are the business premises:

☐ Owned ☐ Leased ☐ Rented

Does the business have an overdraft facility? YES / NO If 'yes', is it currently being used? YES / NO

Expected monthly credit required: (This must be completed.)

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Financial institution details:

Bank:

Branch:

Bank manager:

## Application for credit

The customer applies for and requests Hands On SA Limited ABN 69 007 629 012 to open a credit account in the name of the customer.

**The person whose signature appears below (in whatever capacity) authorises the customer to make this application.**

By signing this application, that person:

- certifies that the information in this application is complete and accurate, and acknowledges that this information has been provided for the purpose of determining the amount and conditions of the credit to be extended by Hands On SA Limited to the customer; and
- acknowledges receipt and acceptance of Hands On SA Limited Terms and Conditions; and
- authorises Hands On SA Limited to contact the financial institution listed in this application to obtain any necessary information to verify the information provided in this application.

Signed for and on behalf of the customer by its duly authorised representative:

Signature: .....

Name: .....

Position: .....

Date: .....

Witness signature: .....

Witness name: .....

## Office Use Only

Date of Application Processing: .....

Trade Reference Check 1: .....

Trade Reference Check 2: .....

Trade Reference Check 3: .....

Credit Limit (Requested / Recommended) : .....

Recommendation (Approve / Not Approve): .....

Checking Officer Name: .....

Position: .....

Signature: .....

Date: .....

Limit Approval and Terms (Days): .....

CEO Signature / Approval : .....

Date: .....