



A.B.N. 36 250 074 618

# Bundy Bullet P/L

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## CREDIT APPLICATION FORM

BUSINESS NAME: .....

A.B.N. ....

BUSINESS ADDRESS: .....

.....

EMAIL ADDRESS: ..... TYPE INDUSTRY: .....

CONTACT NAME: .....

PHONE NO: (.....)..... FAX NO: (.....).....

BANK: ..... BRANCH: .....

ANTICIPATED CREDIT REQUIREMENT PER MONTH .....

POSTAL ADDRESS: .....

.....

TRADE REFERENCES:

1)..... PHONE: (.....).....

2)..... PHONE: (.....).....

3)..... PHONE: (.....).....

**TERMS: STRICTLY 14 DAYS FROM INVOICE DATE.**

***I/WE HEREBY AGREE TO ACCEPT THE TERMS OF THE CREDIT APPLICATION AND THE TERMS AND CONDITIONS SHOWN ON THE REVERSE SIDE OF OUR CONSIGNMENT NOTES.***

NAME: ..... DATE OF BIRTH: .....  
(Please Print Name Here)

JOB TITLE: .....

SIGNATURE: ..... DATE: .....