



Distributor CREDIT APPLICATION FORM

Established Since 1984 - **21 Day Account Only**

ABN : 33 184 289 602

www.geodetic.com.au

Fax : (08) 9409 4068 Phone : (08) 9409 4058

Company Name : _____ ABN No _____

Trading Name : _____ Phone No _____

Business Address : _____ Fax No _____

_____ Years Established _____

Postal Address : _____ No of Employees _____

_____ Buying Contact _____

Accounts Contact : _____ Phone No _____ Fax _____

Type of Business (Please Circle) : Pty Ltd Partnership Sole Proprietor Public Listed Co

Division of _____ Subsidiary of _____

Business Premises (Please Circle) : Owned Leased Rented

Full Names, Private Addresses and Numbers of Proprietors or Directors

(1) _____ Phone _____

(2) _____ Phone _____

(3) _____ Phone _____

Bank Name _____ Telephone _____ Fax _____

Branch _____ BSB _____ A/C No _____

Trade References : Fill out all Details to process quickly Monthly Credit Needed \$ _____

Name _____ Telephone _____ \$ Purchases _____

Name _____ Telephone _____ \$ Purchases _____

Name _____ Telephone _____ \$ Purchases _____

Name _____ Telephone _____ \$ Purchases _____

Dated _____ Signature of Credit Applicant _____

Printed Name of Applicant _____ Email # 1 _____

Nature of Business _____ Showroom Area Square Mtrs _____