

Request for a 30 day account with Kaili International

Credit Application Form

Date of application: _____

Trading Name:..... **ABN:**.....

Sole Trader Partnership Registered Company No. of years trading with this name:.....

Trading Address:.....

..... **Post Code:**

Telephone: **Mobile:** **Fax:**

Email Address:

Bank: **Branch & Account Number:**

OWNERS OR DIRECTORS INFORMATION

Name: **Name:**

Private Address: **Private Address:**

Telephone: **Drivers Lic. #:** **Telephone:** **Drivers Lic. No.:**

TRADE REFERENCES

1 **Company Name:**

Address: **Telephone:**

2 **Company Name:**

Address: **Telephone:**

3 **Company Name:**

Address: **Telephone:**

I consent to the supplier obtaining information from the above mentioned referees in support of this application. All information, as supplied is correct to the best of my / our knowledge.

Signed: **Date:**

Name: **Position:**

PERSONAL GUARANTEE

I/we understand the trading terms as explained to us by the Vendor. I/we guarantee payment of any and all accounts for goods purchased by the above company together with any legal or out of pocket expenses associated with the collection of any outstanding monies. I/we understand this guarantee binds me personally.

Signature: **Signature:**

Date: **Date:**

Company Director: **Company Director:**

Print Name: **Print Name:**

Witness: **Witness:**