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A.B.N. 83 606 401 325

Credit Application Form

APPLICANTS DETAILS

Registered Business Name:		ABN:
Trading Name (if any)		ACN:
Postal Address:		Postcode:
Street Address:		Postcode:
Telephone No:	Facsimile No:	Email:
Director's Full Name:		Email:
Additional Director's Name:		Email:
Accounts Payable Contact	Position:	Email:
<input type="checkbox"/> Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader		

Credit Terms - Requested	days from date of invoice
Credit Limit requested \$	<div style="border: 1px solid black; width: 100%; height: 30px; margin: 0 auto;"></div>
<p>Credit terms and limit will be confirmed upon successful completion of credit check. Any variations to credit terms are subject to approval by Petro National's Management.</p>	

TRADE REFERENCES – Australian companies only unless email address supplied

Supplier (1):	Telephone:	Fax/Email:
Supplier (2):	Telephone:	Fax/Email:
Supplier (3):	Telephone:	Fax/Email:

ACKNOWLEDGEMENT AND CERTIFICATION

1. I/We warrant that the information given in this application is true and correct at the date of signing and understand this information will be submitted to a credit agency for verification and processing.

2. I/We acknowledge and understand that Credit Terms and Limits will be reviewed regularly. Failure to adhere to terms may result in terms and limits being withdrawn without notice.

3. I/We acknowledge that I/We have received, read and signed the Petro National's Terms and Conditions

Signed:..... Date:.....

INTERNAL USE		
Application received:	Credit Authorised by:	Date Authorised:
For credit limit requests greater than \$50,000	Estimated gross revenue	