



CLIFT INNOVATIONS PTY. LTD.
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CREDIT APPLICATION FORM

DATE: _____ A.B.N: _____

TRADING NAME: _____

BUSINESS ADDRESS: _____

POSTAL ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

HOW LONG HAS YOUR BUSINESS BEEN OPERATING? _____

HOW LONG HAS YOUR BUSINESS BEEN AT THE ABOVE ADDRESS? _____

PROPRIETORSHIP DETAILS (TO BE COMPLETED BY TWO DIRECTORS)

NAME: _____

HOME ADDRESS: _____

HOME PHONE NO: _____

RESIDENCY PERIOD: _____

DRIVERS LICENCE NO: _____

CREDIT REFERENCES

NAME: _____ PHONE: _____

FAX: _____

NAME: _____ PHONE: _____

FAX: _____

NAME: _____ PHONE: _____

FAX: _____

BANK: _____ BRANCH: _____ PHONE: _____

CREDIT LIMIT REQUIRED: _____

CLIFT INNOVATIONS BANK DETAIL

ANZ BANK: BSB NO. 013328 ACCT NO. 499871824

I/We agree to abide by the payment Terms and Conditions set by Clift Innovations Pty. Ltd.

I/We understand that trading terms are STRICTLY NETT 30 DAYS and that non-payment at 60 days can result in my/our account being suspended and/or interest being charged at 1.5% per month.

SIGNED: _____ SIGNED: _____

OFFICE USE ONLY:

CHECKED: _____ APPROVED: _____ LIMIT: _____ ACC NO: _____