



CORPORATIONS FIRST PTY LTD
 T/as Containers First A.B.N. 58 129 841 854
 PO Box 222, Waratah NSW 2298
 Phone: (02)4920 1588 FAX: (02) 4920 1599

Office Use Only	
Acc Code:	Cr Limit:
Opened:	
Approved:	

APPLICATION FOR CREDIT FACILITIES

Date: ____ / ____ / ____ Containers First Rep: _____ Buying group: _____

Trading Name: _____

Business Phone: _____ Business Fax: _____

Proprietor's Name: _____

Business Address: _____

Residential Address: (if Sole Trader or Partnership) _____

Email Address: _____ Home Phone: _____

Postal Address: _____

Type of Business: _____ Date Commenced: _____

Bank & Address: _____

TO BE COMPLETED BY APPLICANT

Date of Registration: ____ / ____ / ____ Paid Up: _____

A.B.N. _____

Directors – Name, Address & Phone No.

1) _____

2) _____

3) _____

Auditors: _____

Manager: _____ Company Secretary: _____

Accountant contact: _____

Accounts Payable Contact: _____

Estimate of monthly purchases: \$ _____

Requested Credit Limit: \$ _____

The director(s) agree: _____

Please see Attached addendum 1

Signature: _____ Date: _____
 Position in Company: _____

Trade References

NAME	PHONE/FAX/EMAIL (Provide min. 1)
1) _____	_____
2) _____	_____
3) _____	_____

ALL CREDIT APPLICATIONS MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE BEING PROCESSED