



CREDIT APPLICATION FORM

Applicant's Trading Name: _____

Applicant's registered

Business Name: _____ ABN No: _____

Applicant's Address
(Postal): _____

Applicant's Contact
(Delivery): _____

Applicant's Contact
Name: _____ Email Address: _____

Applicant's Contact
Phone: (____) _____ Fax Number: (____) _____

Account Payable
Contact Name: _____ Email Address: _____

Business Type: Registered Company Partnership Sole Trader

Principle Business
Activity: _____ Number of years trading _____

Annual Turnover
or Annual Report: _____ Net Asset: _____

Directors/ Principals names and addressed (if company, give at least two):

Name	Address	Phone	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Address of Registered
Office (if Company): _____

Applicants
Accountable/Auditors: _____

Contact Name: _____ Phone: (____) _____

Applicants Bankers: _____

Contact Name: _____ Phone: (____) _____

Applicants Solicitors: _____

Contact Name: _____ Phone: (____) _____

Anticipated Monthly
Credit Required: _____

Reference: _____



Please list the name of at least three companies whom the Applicant has traded with a minimum of 12 months and whom the Applicant is happy for us to contact as a trade reference.

1. Contact Name: _____ Phone: (____) _____

2. Contact Name: _____ Phone: (____) _____

3. Contact Name: _____ Phone: (____) _____

Authorisation:

1. The applicant hereby applies for credit with Executive Travel Management & Executive Edge Travel Events on the basis of the information supplied above. The Applicant certifies this information is true and correct.
2. The Applicant authorises Executive Travel Management, for the purposes of processing this application, to furnish a third party (such as a credit agency) with details of this application and any subsequent dealing the Applicant may have with Executive Travel Management as a result of this application being actioned by Executive Travel Management.
3. The Applicant confirms that the person signing this application is duly authorised to sign in behalf of the Applicant.

Name of person signing

Application on behalf of

Applicant: _____ **Signature:** _____

Position: _____ **Signature:** _____

Note: Must be Director/Principal or authorised Department Head/ Manager if the Customer is a registered company or a partner if the Customer is a partnership and an authorised signatory in all other cases.

Privacy Declaration The information requested in this form is required by Executive Travel Management for the purpose of processing your credit application. If the information is not provided your application may not be processed. For the purpose of processing your credit application the information disclosed by you will be disclosed to the credit referees nominated by you, our legal advisers, and collection agent and to an authorised credit rating agency used by Executive Travel Management. The information provided in this form will be kept in a secure manner by Executive Travel Management. A copy of our Privacy Policy is available on request.

Executive Travel Management Office use only:

Authorised by: _____ Sales person: _____

Credit Limit: _____ Account Number: _____

Client Type: _____