

ESTABLISHED 1853
ABN 89 069 780 936

CNR. ABEL & DEBORAH STREETS GOLDENSQUARE VIC.

Mail to: BOX 2230, BENDIGO DC VIC 3554
Phone: (03) 5443 9077



**INDIVIDUAL/SOLE TRADER CREDIT APPLICATION
(CONFIDENTIAL)**

Please complete all sections as any omissions may cause a delay in processing your application.

NAME

ADDRESS

TOWN/CITY POSTCODE

POSTAL ADDRESS (IF DIFFERENT TO STREET ADDRESS)

TOWN/CITY POSTCODE

PHONE NO. (B/H) PHONE NO. (A/H)

MOBILE FAX

EMAIL ADDRESS (FOR STATEMENTS)

DRIVERS LICENCE NO. Date of Birth

ABN Number

TRADE REFERENCES:

(1) NAME:

ADDRESS:

PHONE NO.: FAX NO.:

(2) NAME:

ADDRESS:

PHONE NO.: FAX NO.:

(3) NAME:

ADDRESS:

PHONE NO.: FAX NO.:



FAX NUMBERS
Accounts – (03) 5440 9260
Wholesale – (03) 5442 5294
Steel Yard – (03) 5441 7914

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Exchange of credit worthiness information

Agreement to credit provider exchanging with other credit providers a consumer credit report or other information relating to my/our credit worthiness (Privacy Act 1988)

I/we agree that Abbott Supply may:

Exchange information about me with those credit providers named in this application or named in a consumer credit report issued by a credit reporting agency for the following purposes :

- to assess an application by me/us for credit
- to notify other credit providers of a default by me/us
- to exchange information with other credit providers as to the status of our account where I am in default with other credit providers
- to assess my/our credit worthiness

I/we understand that the information exchanged can include anything about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to exchange under the Privacy Act.

I ACKNOWLEDGE THAT THE TERMS OF CREDIT ARE STRICTLY 30 DAYS FROM THE END OF THE MONTH OF PURCHASE, AND I AGREE TO ADHERE TO THESE TERMS SHOULD THIS APPLICATION BE APPROVED.

NAME: DATE:

SIGNED:

APPLICATIONS TO

MAIL : Box 2230 Bendigo Mail Centre Vic 3554
FAX : 54409260
EMAIL : accounts@abbottsupply.com.au