

Office National

# CREDIT APPLICATION

Office National  
Yatala Pty Ltd

3/65 Christensen Rd  
Stapylton Qld 4207  
PO Box 862  
Beenleigh Qld 4207

Phone: (07) 3807 4447  
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Email: sales@ony.com.au  
Or: accounts@ony.com.au

ABN 69 143 318 656  
ACN 143 318 656

www.ony.com.au

COMPANY NAME: \_\_\_\_\_  
 ABN: \_\_\_\_\_  
 TRADING AS: \_\_\_\_\_  
 POSTAL ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 DELIVERY ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ACCOUNT CONTACT: \_\_\_\_\_  
 YEARS IN BUSINESS: \_\_\_\_\_ LANDLORD / MORTGAGEE: \_\_\_\_\_

**DETAILS OF DIRECTORS / PARTNERS:**

1. Name: _____ _____ Home Address: _____ _____ Phone: _____	2. Name: _____ _____ Home Address: _____ _____ Phone: _____	3. Name: _____ _____ Home Address: _____ _____ Phone: _____
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BANKING DETAILS - Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ A/C No: \_\_\_\_\_

CREDIT LIMIT REQUIRED: \_\_\_\_\_

**TRADE REFERENCES:**

1. Company Name: _____ _____ Home Address: _____ _____ Phone: _____ Fax: _____	2. Company Name: _____ _____ Home Address: _____ _____ Phone: _____ Fax: _____	3. Company Name: _____ _____ Home Address: _____ _____ Phone: _____ Fax: _____
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**NB: Insufficient number of credit references may delay account setup.**

I/We understand that the normal trading terms are strictly 30 days from date of statement and payment is due by the end of the month following delivery. I/We also understand that some business equipment is excluded from the credit facilities unless otherwise arranged. I/We undertake to pay all accounts on the due date and acknowledge that if the account becomes overdue, it is automatically suspended until brought within trading terms. I/We understand that credit may be withdrawn should the authorised credit limit be exceeded. I/We understand that I/we will be personally responsible for payment of any and all monies due by the applicant including all costs incurred to recover the debt. I/We hereby authorise Office National Yatala Pty Ltd to obtain credit information from my bankers and trade references for the purpose of assessing this application. I/We also acknowledge that Office National Yatala Pty Ltd is allowed to give Credit Management Consulting personal credit information about the credit application.

I \_\_\_\_\_ certify that I am authorised to sign this Application  
(PLEASE PRINT NAME IN BLOCK LETTERS)

For Credit on behalf of \_\_\_\_\_  
and that the information given is true and correct to the best of my knowledge.

**SIGNED:** \_\_\_\_\_ **X** POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**NB:** Approval may be granted on a faxed copy of this form, however the original **must** be received by Office National Yatala Pty Ltd within seven (7) days of faxing, or the credit will be revoked.

(creditor)watch  
member

**OFFICE USE ONLY:**

Trade References Completed & Attached:  Yes  No By: \_\_\_\_\_  
 Application Approved:  Yes  No Limit: \_\_\_\_\_  
 Authorised By: \_\_\_\_\_ Rep: \_\_\_\_\_