

PURADOWN

YOUR SECURITY, PURITY AND RESILIENCY

Strictly Confidential

Please complete credit application form and return via email or fax

Company Name & Trading Name: _____

Business Address: _____

Telephone: _____ *Fax:* _____ *Email:* _____

Bankers: _____ *Branch:* _____

Type of business: _____ *ABN No.:* _____

If Company, Complete The Following

Directors Name: _____

Private Address: _____

Capital Structure: _____ *Authorized \$* _____ *Paid Up* _____

If Sole Trader Or Partnership, Complete The Following

Name: _____

Private Address: _____

Business Premises: Owned: _____ *Leased:* _____ *Rented:* _____

Is Trade Name Registered? Yes _____ *No* _____ *If Yes, Number:* _____

Date: _____ *Are They Encumbered?* _____ *If So, To What Amount \$* _____

Annual Turnover \$ _____ *No. Of Employees:* _____

Products To Be Supplied: _____

Business References

1. _____ *Fax* _____

2. _____ *Fax* _____

3. _____ *Fax* _____

Monthly Credit Required: \$ _____

Condition Of Sale

I/We hereby confirm that the foregoing information is correct. We agree to the terms of trading, which are that payment for goods supplied is made promptly by end of the month. The goods remain the property of Purax Feather Holdings Pty Ltd until paid in full. We reserve the right to take back any goods outside of our trading terms. Unpaid for goods will be reclaimed from companies in receivership or liquidation.

Signed: _____ *Position:* _____

Office use only: _____ *Date:* _____

Approved: _____ *Credit limit:\$* _____

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