SOLUTIONS OUTSOURCED ACCOUNT APPLICATION

A.B.N. 41 101 179 079
16 View St, PO BOX 658 Camden, NSW 2570
Tel: 1300 33 1000 Fax: (02) 4655 6975
www.solutionsoutsourced.com.au

DATE:

BUSINESS INFORMATION		DESCRIPTION OF BUSINESS		
COMPANY NAME		NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
TRADING NAME		IN BUSINESS SINCE	A.B.N.	
ADDRESS		BUSINESS STRUCTURE		
ADDRESS		☐ COMPANY ☐ PARTNERSHIP ☐ SOLE TRADER		
SUBURB	P/CODE	☐ UNINCORPORATED ENTITY ☐ TRUST		
PHONE	MOB	☐ OTHER		
E-MAIL ADDRESS		WEB ADDRESS		

COMPANY PRINCIPALS/DIRECTORS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME:	ADDRESS:	PHONE:
NAME:		PHONE:
NAME:	ADDRESS:	PHONE:

ACCOUNTS PAYABLE DETAILS

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE	E-MAIL ADDRESS	TELEPHONE NUMBER

INITIAL PRODUCTS REQUIRED	FINANCE REQUIRED		
DESCRIPTION OF PRODUCTS	SUM FINANCED INC GST	TERM	COST/MTH INC.

TRADING REFERENCES

FIRM NAME	CONTACT NAME	TELEPHONE NUMBER	CUSTOMER SINCE

CONFIRMATION OF INFORMATION, ACCURACY, GUARANTEE AND RELEASE OF AUTHORITY TO VERIFY

I/We understand that this application may be used to assess credit worthiness by Solutions Outsourced or it's finance partners. I/We hereby certify that the information in this credit application is correct. I/We understand that the submission of this application does not oblige Solutions Outsourced to extend credit to the applicant. The information included in this credit application is for use by Solutions Outsourced in determing the amount and type of credit to be extended. In the event that the company or business is unable to pay any Solutions Outsourced debts as and when they fall due, I/We undertake that the above-named company principals will personally and immediately pay such debts in their entirety. I/We understand that Solutions Outsourced may also utilise the other sources of information for the application determination. I/We hereby authorise the accountant and credit references listed in this credit application to release the information necessary to assist Solutions Outsourced or it's finance partners determination in establishing a line of credit. I/We understand that all work is subject to Solutions Outsourced Terms & Conditions found at www.solutionsoutsourced.com.au/terms

I/We understand that a credit account will not be established until this original application is received by Solutions Outsourced.

1st DIRECTOR'S NAME 1st DIRECTOR'S SIGNATURE 2nd DIRECTOR'S NAME 2nd DIRECTOR'S SIGNATURE

CUST CODE: _____ SINCE _____ RCVD: _____	OFFICE USE ONLY	☐ Business Premises
	36 month ☐ Ownership ☐ 36 month ☐ Trading in Industry	☐
A/C REP: _____ MGR (____A/Cs OK: _____	☐ 3 Ref's OK ☐	☐