

## ACCOUNT APPLICATION

DATE:			
<b>BUSINESS INFORMATION</b>		<b>DESCRIPTION OF BUSINESS</b>	
COMPANY NAME		NO. OF EMPLOYEES	CREDIT REQUESTED
TRADING NAME		IN BUSINESS SINCE	A.B.N.
ADDRESS		BUSINESS STRUCTURE	
ADDRESS		<input type="checkbox"/> COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE TRADER	
SUBURB	P/CODE	<input type="checkbox"/> UNINCORPORATED ENTITY <input type="checkbox"/> TRUST	
PHONE		<input type="checkbox"/> OTHER _____	
E-MAIL ADDRESS		WEB ADDRESS	
<b>COMPANY PRINCIPALS/DIRECTORS RESPONSIBLE FOR BUSINESS TRANSACTIONS</b>			
NAME:		ADDRESS:	PHONE:
NAME:		ADDRESS:	PHONE:
NAME:		ADDRESS:	PHONE:
<b>ACCOUNTS PAYABLE DETAILS</b>			
PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE		E-MAIL ADDRESS	TELEPHONE NUMBER
<b>INITIAL PRODUCTS REQUIRED</b>		<b>FINANCE REQUIRED</b>	
DESCRIPTION OF PRODUCTS		SUM FINANCED INC GST	TERM
			COST/MTH INC.
<b>TRADING REFERENCES</b>			
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 determining 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 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	<input type="checkbox"/> Business Premises
A/C REP: _____ MGR O _____ A/Cs OK: _____	36 month <input type="checkbox"/> Ownership <input type="checkbox"/> Trading in Industry	<input type="checkbox"/>
	<input type="checkbox"/> 3 Ref's OK	<input type="checkbox"/>