



APPLICATION FOR CREDIT

PO Box 153
1/38 Kembla St
Fyshwick ACT 2609

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New Millennium Print Pty Ltd
abn: 62 089 018 271

Company Details

Registered Business/Company Name	
Trading Name	
a.b.n	
Postal Address	
Street Address	
Phone & Fax Numbers	
e mail	
Date Trading Commenced (current owners)	
Type of Business	

Particulars of Directors/ Partners/ Management

1. Name in Full: Mobile Phone:
2. Name in Full: Mobile Phone:
3. Name in Full: Mobile Phone:
4. Name in Full: Mobile Phone:

Associated Companies

1. Name in Full: abn:
2. Name in Full: abn:
3. Name in Full: abn:

Trade References - Major Suppliers

1. Name in Full: Contact:
 Address: Telephone:

2. Name in Full: Contact:
 Address: Telephone:

3. Name in Full: Contact:
 Address: Telephone:

Accountant

Name in Full: Contact:
 Address: Telephone:

Bankers

Bank: Contact:
 Address: Telephone:

BSB: Account Number:

Acknowledgements

I/ we hereby apply for the opening of a credit account with New Millennium Print Pty Ltd and provide the above information in support thereof. I/ we warrant that the information supplied is true and correct in every respect.

I/ we understand that credit terms will be "Cash on Delivery" unless confirmation in writing is issued to allow for extended credit terms as detailed in "Terms of Trade". Notwithstanding, should payment not be made within agreed terms, credit will be terminated. Upon termination of credit, any balance outstanding will become immediately due and payable in full.

I/ we have read and agree to the Terms of Trade that was supplied with this document.

New Millennium Print Pty Ltd may give information (limited to that allowed by law) about me/ us to a credit reporting agency at any time for the following purposes:

- to obtain a consumer report about me/ us, and/ or
- to allow the credit reporting agency to create or maintain a credit information file.

New Millennium Print Pty Ltd may obtain a consumer report containing information (limited to that allowed by law) about me/ us from a credit reporting agency.

Authorisation

I/we warrant that i/ we are duly authorised to execute this application on behalf of the applicant.

Name: Title:
 Signature: Date:

Name: Title:
 Signature: Date:

Name: Title:
 Signature: Date:

