

# WESCRANES

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VINEYARD NSW 2765

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## CREDIT APPLICATION WITH THE ABOVE COMPANY

APPLICANT'S TRADING NAME .....

REGISTERED COMPANY NAME .....

A.C.N..... A.B.N..... CREDIT LIMIT REQ'D .....

POSTAL ADDRESS.....

DELIVERY ADDRESS.....

PH..... FAX..... ORDER NO REQ'D YES / NO

ACCOUNTS CONTACT..... EMAIL.....

ACCOUNTS PH..... FAX.....

<u>DIRECTORS / PARTNERS</u>	<u>ADDRESSES</u>
.....	.....
.....	.....
.....	.....

BANK NAME..... BRANCH.....

### TRADE REFERENCES

A)..... PH..... FAX.....

B)..... PH..... FAX.....

C)..... PH..... FAX.....

IT IS HEREBY AGREED THAT UPON CREDIT APPROVAL BEING GRANTED THE ACCOUNT WILL BE CONDUCTED ON A BASIS OF PAYMENT RECEIVED WITHIN 30 DAYS OF INVOICE. ALSO IT IS AGREED THAT THE COLLECTION CHARGES AND INTEREST ON OVERDUE ACCOUNTS WILL BE ADDED TO THE ACCOUNT AFTER 30 DAYS OF INVOICE DATE.

NAME OF APPLICANT..... POSITION HELD.....

SIGNATURE OF APPLICANT..... DATE.....

SIGNATURE OF DIRECTOR..... DATE.....

### **BANK DETAILS** -for easy payment method

**A/C NAME:** WESCRANES     **BANK:** NATIONAL AUSTRALIA BANK

**BSB NO:** 0 8 2 3 1 4     **A/C NO:** 5 2 9 9 4 5 2 5 8

Please fax or email Remittance advice to 02 4577 8033 or email [kym@wescranes.com.au](mailto:kym@wescranes.com.au) or [graham@wescranes.com.au](mailto:graham@wescranes.com.au)

PLEASE NOTE: This form must be completed and signed for credit approval. Thank you