

<i>Office Use Only</i>
Account Number: _____
Approved by: _____

APPLICATION FOR CREDIT ACCOUNT

Register Business Name _____ **ABN** _____
Trading Name _____
Address _____

Postal Address _____

Contact Name _____
Phone Number _____ **Fax Number** _____
Mobile Number _____ **Order Number Required** **Y / N**
Email Address _____
Approximate credit amount required per month (\$400 min) \$ _____

Credit References

Name: _____ **Name:** _____
Phone: _____ **Phone:** _____
Fax: _____ **Fax:** _____

Terms are strictly 30 Days from statement date. Invoices are sent out mid month and at the end of the month.

Invoices can be one per site or multiple sites on one invoice, please advise your preference.

I/We understand that by signing this application for credit that I/We shall be required to honour our obligation to pay Green Bins within 30 days and abide by out Terms and Conditions.

I certify that I am authorised to sign this application on behalf of the business stated above and accept Green Bins Terms and Conditions attached.

The above information given is true and correct.

Applicants Name: _____ **Position:** _____

Signature: _____ **Date:** _____