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**APPLICATION FOR 7 DAY CREDIT ACCOUNT**

Name of Company: \_\_\_\_\_ ABN: \_\_\_\_\_

Business Address: \_\_\_\_\_  
P/Code: \_\_\_\_\_

Invoice postal address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Invoice email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_

**TRADE REFERENCES**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

**DIRECTORS GUARANTEE**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

**AUTHORISATION**

I/ We wish to apply for a credit facility of \_\_\_\_\_ and agree to abide by the Terms and Conditions of sale.

Dated: \_\_\_\_\_

Director (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Director (print name): \_\_\_\_\_ Signature: \_\_\_\_\_