

Credit Application Form

Term of Payment: 30 Days after the End of Month

Applicant Details

Business Name: _____

Trading Name: _____

ABN: _____ ACN: _____

Business Address: _____

Delivery Address: _____

Phone: _____

Email: _____

Accounts Payable Contact

Name: _____ Phone: _____

Invoices Email: _____

Statement Email: _____

Credit Limit Required: \$ _____

Director, Partners, Proprietors

1. Name _____

Address _____

2. Name _____

Address _____

Trade References

1. _____

Email: _____ Phone: _____

2. _____

Email: _____ Phone: _____

3. _____

Email: _____ Phone: _____

I/We understand and agree to the following:

1. If granted credit, our company agrees to pay all invoices within 30 days after the end of the invoice month.
2. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
3. I/We agree to abide by the Terms and Conditions as attached by Marcem Australia Pty Ltd (ABN 71 147 473 550)
4. All account payments will be remitted via direct credit / EFT into supplier nominated bank account as per Vendor Details below.

Signatory's Name: _____

Position: _____

Date: _____

Signature: _____

Please return this form to accounts@marcem.com.au

Vendor Details

Company Name: Marcem Australia Pty Ltd
Company Address: Unit 2 / 32 Robinson Avenue, Belmont WA 6104
ABN: 71 147 473 550
Sales, Orders: sales@marcem.com.au
Accounts: accounts@marcem.com.au

Bank details

Bank: Commonwealth Bank of Australia
Account Name: Marcem Australia Pty Ltd
BSB: 066 000
Account Number: 1149 7007
Swift Code: CTBAU2S
Currency: AUD