Marcem Australia Pty Ltd
180 Daly Street
Belmont WA 6104
P: +61 08 9253 0081
E: sales@marcem.com.au

Credit Application Form

Payment Term: 30 Days after the End of Month

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

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 _____

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: _____