



24 Hour Service 7 Days A Week ABN # 21 003 859 952

PH: 02-9675 0800 / Fax: 02-9677 0238

WEB: www.francrane.com.au / EMAIL: contactus@francrane.com.au

The Directors will consider this application for credit and if accepted, approval will be granted upon reliance of the accuracy of information detailed in the following questions.

CREDIT APPLICATION FOR: 7 Day 14 Day 30 Day

REGISTERED BUSINESS NAME: _____

TRADING NAME: _____

REGISTERED BUSINESS ADDRESS: _____

HOW LONG AT ADDRESS: _____ A.B.N No _____

PHONE NO: _____ FAX NO: _____ MOBILE NO: _____

POSTAL ADDRESS: _____

DELIVERY ADDRESS: _____

EMAIL ADDRESS: ACCOUNTS: _____ PURCHASING: _____

CONTACT PERSON: ACCOUNTS: _____ PURCHASING: _____

PURCHASE ORDER NUMBER REQUIRED: YES / NO

DESCRIPTION OF BUSINESS: _____

NAME OF BANK: _____ BRANCH: _____

BSB: _____ ACC NO: _____

APPROXIMATE DATE OF COMMENCING BUSINESS: _____

NAME OF AUDITOR/EXTERNAL ACCOUNTANT: _____

TRADE CREDIT REFERENCES:

1. COMPANY NAME _____ CONTACT: _____

PHONE No: _____ FAX No: _____

2. COMPANY NAME: _____ CONTACT: _____

PHONE No: _____ FAX No: _____

3. COMPANY NAME: _____ CONTACT: _____

PHONE No: _____ FAX No: _____

CREDIT LIMIT REQUIRED: \$ _____

TERMS AND CONDITIONS:

- . I / We Undertake to immediately notify your company Director's of any change in the details set out above.
- . In consideration of this application being approved I/we undertake to settle all accounts in full within 7 / 14 / 30 days of Invoice date.
- . I / We Understand that any breach of this undertaking will involve the withdrawal of credit and possible legal action to recover any outstanding debts and I / we shall become liable for all costs to recover the outstanding debt including the costs of any action.
- . I / We agree for your company to obtain reports regarding my/our consumer and commercial credit worthiness from a credit reporting agency, for the purpose of assessing this application.
- . I / We hereby accept the Francrane Terms and Conditions of Hire - Copy attached.

Name of authorised signatory: _____ **(Director)**

Signature: _____ **Position Held:** _____

Private Address: _____

Names of other Signatories:

Name: _____ **Position Held:** _____

Private Address: _____

Name: _____ **Position Held:** _____

Private Address: _____

Name: _____ **Position Held:** _____

Private Address: _____

This form is the minimum recommended requirement from the CRANE INDUSTRY ASSOCIATION OF NEW SOUTH WALES (inc) for credit control within NSW crane industry.
P.O Box 37 Illawong NSW 2234 - Ph (02) 9532 1591 / Fax (02) 9532 1592 JUNE 1999

DATE APPLICATION RECEIVED: _____ **RECEIVED BY:** _____

DATE TRADE REF DONE: _____ **TRADE REF OK:** YES / NO

DATE APPROVED: _____ **LIMIT APPROVED:** \$ _____

APPROVED BY: _____ **SIGNATURE:** _____

DATE APPROVAL SENT TO CUSTOMER: _____ **SENT VIA:** EMAIL / POST

DATE PRICE LIST SENT: _____ **SENT VIA:** EMAIL / POST