

TSL AUSTRALIA CREDIT APPLICATION



BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	Postcode:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	Postcode:	
Credit term			
Days:	Estimated monthly purchase: \$	Amount Required: \$	
Bank name:			
Bank address:		Phone:	
City:	State:	Postcode:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	Postcode:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Postcode:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Postcode:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid __ days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize TSL Australia to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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