



justrite
ENERGY SMART SOLUTIONS SINCE 1977

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CUSTOMER CREDIT APPLICATION FORM

BUSINESS INFORMATION:

Trading Name: _____

A.B.N: _____ A.C.N: _____

Number of Years in Business: _____ Date Established: ____/____/____

Business Address: _____ P/Code: _____

Postal Address: _____ P/Code: _____

Phone: _____ Fax: _____ Mobile: _____

Accounts Email Address: _____

Business Structure: (Please Tick) Sole Trader Company Trust

Products of Interest: _____

PROPRIETOR/ DIRECTOR(S) Personal Information:

1. Name: _____ D.O.B: _____

Private Address: _____ P/Code: _____

Drivers Licence: _____ State Held: _____ Exp Date: ____/____/____

2. Name: _____ D.O.B: _____

Private Address: _____ P/Code: _____

Drivers Licence: _____ State Held: _____ Exp Date: ____/____/____

3. Name: _____ D.O.B: _____

Private Address: _____ P/Code: _____

Drivers Licence: _____ State Held: _____ Exp Date: ____/____/____

PURCHASE DETAILS:

Credit Limit Applying For: _____ **(Please Tick):** Single Order Continuing Trade

I / We hereby give authority for Just-Rite to Contact the Credit Referees as listed below: **CREDIT**

REFEREES:

- 1. Company: _____
Contact Name: _____
Phone: _____ Fax: _____
- 2. Company: _____
Contact Name: _____
Phone: _____ Fax: _____
- 3. Company: _____
Contact Name: _____
Phone: _____ Fax: _____

ACCOUNTS ARE DUE AND PAYABLE WITHIN 30 DAYS OF THE END OF THE MONTH OF INVOICE. NO FURTHER CREDIT WILL BE EXTENDED IF NOT PAID BY THE DUE DATE. OUTSTANDING ACCOUNTS WILL BE SUBJECT TO INTEREST AT THE RATE OF 2.5% PER MONTH

I/We, the undersigned, being a Sole Trader / Partners / Directors of _____
_____ (business name) hereby personally request you to supply me /us /
our company such orders as requested of you. In consideration of your carrying out
orders, I / we jointly and severally personally guarantee payment of the amount due in
respect of such orders on demand, as well as account keeping charges and cost of
recovery.

Signed 1. _____ Print Name: _____ Date __/__/__

Signed 2. _____ Print Name: _____ Date __/__/__

Signed 3. _____ Print Name: _____ Date __/__/__