



**CList + Form For: Customer Credit Account Application**

**I / WE HEREBY APPLY FOR A CREDIT TRADING ACCOUNT AND SUBMIT THE FOLLOWING CONFIDENTIAL INFORMATION FOR THIS PURPOSE ONLY:**

**(PLEASE ANSWER ALL QUESTIONS)**

<b>Type of Organisation:</b>	<b>Sole trader</b> <input type="checkbox"/>	<b>Partnership</b> <input type="checkbox"/>
	<b>Public company</b> <input type="checkbox"/>	<b>Private company</b> <input type="checkbox"/>

<b>Full Trading Name:</b>	
<b>A.C.N. Or A.B.N.:</b>	
<b>Postal Address:</b>	
<b>Business Address:</b>	
<b>Registered Office Address:</b>	
<b>Site / Location Address:</b>	
<b>Telephone #</b>	(    )
<b>Facsimile #</b>	(    )
<b>Email Address</b>	

<b>Premises:</b>	<b>Owned</b> <input type="checkbox"/>	<b>Rented</b> <input type="checkbox"/>	<b>Leased</b> <input type="checkbox"/>
<b>Type of Business:</b>			
<b>Date Trading Commenced:</b>			
<b>Please state if applicant is a Trustee for a Trust:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>Contact Name:</b>			
<b>Title:</b>			

<b>Bank:</b>	
<b>Branch:</b>	
<b>Account #:</b>	

<b>Amount of Credit required:</b>	\$
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Please note that LSM Technologies has made every endeavour to ensure that this documents is correct and upto date without error or omission, however it reserves the right to change its Policies and Procedures from time to time, without notice and at its sole discretion



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**Please supply three trade references:**

<b>Name:</b>		<b>Phone:</b>	
		<b>Fax:</b>	
<b>Name:</b>		<b>Phone:</b>	
		<b>Fax:</b>	
<b>Name:</b>		<b>Phone:</b>	
		<b>Fax:</b>	

**Proprietors/Partners/Directors:**

<b>Name:</b>		<b>Address:</b>	
<b>Name:</b>		<b>Address:</b>	
<b>Name:</b>		<b>Address:</b>	
<b>Name:</b>		<b>Address:</b>	

I (as a bonafide company representative) hereby agree to your trading terms of 30 days following the date of purchase and acknowledge that this is binding.

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please return completed form to:**  
**LSM Technologies Pty Ltd Attn: Robyn**  
**Fax: 07-32776433**  
**email: [admin@lsmtechnologies.com.au](mailto:admin@lsmtechnologies.com.au)**  
**ROCKLEA QLD 4106**

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<b>Department</b>	Administration	<b>Pages</b>	2 of 2	<b>Issue Date</b>	20/05/05
<b>Completed by:</b>	Peter Woodford	<b>Revision #</b>			0
<b>File Name</b>	CLA-0050 Credit Application Form.doc	<b>Revision Date</b>			0