



KANGA BINS



ROCKHAMPTON

ABN:40018370022

CREDIT APPLICATION FORM

Company/ Business Name		Date Incorporated
Trading Name		ABN No:
Registered Address:		
Name & Address Of Proprietors Directors/ Partners		
1. Name:		Phone:
Address:		
2. Name:		Phone:
Address:		
3. Name:		Phone:
Address:		
Business Details		
Postal Address:		
Office Address:		
Phone:	Fax:	
Mobile:	Email:	
Trade References		
1. Company:		Phone:
Address:		Fax:
2. Company:		Phone:
Address:		Fax:
3. Company:		Phone:
Address:		Fax:
Bank Branch Details		
1. Bank	Branch:	
Phone:	Fax:	
Address:		
Credit Limit Amount Requested: \$		per month
I / We:		
1. Declare all information submitted in this application is true and correct to the best of MY / OUR knowledge.		
2. Acknowledge that Kanga Bins Management may withdraw credit at any time without prior notice .		
3. Accept that all accounts are strictly 30 days , all accounts must be paid within 30 days of the invoice date.		
4. We have read and understand the information relating to Kanga Bins compliance with the Privacy Act .		
5. We have read/understand and therefore agree to comply with all terms listed in the Kanga Bins Conditions of Hire .		
<u>As a Director(s) of the Company am/are personally liable for all debts owing to Kanga Bins</u>		
Sign and Print Name:		Date: / /
Sign and Print Name:		Date: / /

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