



ABN 99 155 179 696

# APPLICATION FOR CREDIT

Return to: The Credit Manager, Phoenix Distribution Pty Ltd  
3 Cumberland Drive, Seaford Victoria 3198  
Tel (03) 8765 8300 Fax (03) 9776 4139 Email [info@phoenixdistribution.com.au](mailto:info@phoenixdistribution.com.au)

ALL DETAILS MUST BE COMPLETED - PLEASE PRINT CLEARLY

TRADING NAME

ABN/ACN

BRIEF DESCRIPTION OF BUSINESS

COMPANY NAME/PROPRIETOR'S NAME(S)

TRADING ADDRESS

POSTAL ADDRESS

<input type="text"/>	
<input type="text"/>	<input type="text"/>

<input type="text"/>	
<input type="text"/>	<input type="text"/>

SALES CONTACT:

PH:

FAX:

ACCOUNTS CONTACT:

PH:

FAX:

EMAIL:

WEBSITE:

FULL NAME AND PRIVATE ADDRESS OF ALL  
DIRECTORS, PROPRIETORS OR PARTNERS

A/H TELEPHONE

DRIVER'S LICENCE NUMBER AND  
DATE OF BIRTH

1	A/H TELEPHONE	DRIVER'S LICENCE NUMBER AND DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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PREVIOUS BUSINESS/OCCUPATION

YEARS TRADING

ESTIMATED MONTHLY PURCHASES

CREDIT LIMIT SOUGHT

BANK ACCOUNT NAME

BANK NAME

BRANCH

TRADE REFERENCES

TELEPHONE

1	
2	
3	
4	

GENERAL INFORMATION & NOTES


DO YOU ACCEPT BACKORDERS?      YES       NO

DO YOU ACCEPT SUBSTITUTE TITLES?      YES       NO

**TRADING TERMS & CONDITIONS OF SALE**

I have received and reviewed a copy of Phoenix Distribution Pty Ltd's Conditions of Sale. The Conditions of Sale may be amended from time to time and are made available on [www.phoenixdistribution.com.au](http://www.phoenixdistribution.com.au). I agree that transactions with Phoenix Distribution will be conducted in accordance with those Conditions of Sale and any applicable Trading Terms.

**REPORTING TO CREDIT REFERENCE AGENCIES**

In making this application, I agree in accordance with the provisions of the Privacy Amendment Act 1990, that under Section 18 of the Act that certain items of personal information about me contained in this application is permitted to be kept on a credit information file and may be disclosed to a credit reporting agency and the information referred to in the Act may occur for the purpose of assessing this application. I acknowledge that this shall continue to have effect for the duration of any indebtedness to Phoenix Distribution Pty Ltd, should this application be approved.

To enable this application to be processed, all directors and or/individuals involved in the running/owning of this business must complete all sections of this application, including full name, current address, date of birth and driver's licence number.

**AUTHORISED SIGNATURE OF APPLICANT(S)**

NAME:	NAME:	NAME:
NAME:	NAME:	NAME:
DATE		

The personal information provided on this form is collected for the sole purpose of extending credit. The personal information provided is not disclosed to any other organisation except as noted under Reporting to Credit Reference Agencies above. Access to personal information on you held by Phoenix Distribution can be arranged by contact Phoenix Distribution's Privacy Coordinator.