



# Credit Application

**Applicant:**

Full Legal entity Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Greenlife Contact: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Mob: \_\_\_\_\_

email: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_

Accounts Email: \_\_\_\_\_

Accounts Phone: \_\_\_\_\_

Description of Business:  
\_\_\_\_\_  
\_\_\_\_\_

**Please Answer the Following Questions:**

1. How long has this business been trading: \_\_\_\_\_
2. How long has the business been trading under current management: \_\_\_\_\_
3. Have you or any of your business partners/co-owners previously declared bankruptcy, if so when and under what circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

**Business Trade References:**

	1	2
Supplier Name:	_____	_____
Phone No.:	_____	_____
Fax No.:	_____	_____

I/we confirm that the information supplied above is correct:

Signed (Director/Partner/Sole Trader): \_\_\_\_\_

Signed (Director/Secretary/Partner): \_\_\_\_\_

**Credit Terms are Strictly 30 days EOM, if credit approved.**

Please fax completed form to (08) 9293 3786 or post to PO Box 216 Kalamunda 6926 or email scanned form to [accounts@domusnursery.com.au](mailto:accounts@domusnursery.com.au)