

Credit Application

Contact Information			
Account Holder Name:			ABN:
Contact Name:			NDIS Participant #:
Phone:	Fax:	E-mail:	
Address:			
City:		State:	Postcode:
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>
Postal address:			
City:		State:	Postcode:
Bank name:			
Bank address:		Phone:	
City:		State:	Postcode:
References			
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Guarantor/Next of Kin		Account Proof of ID (Copies to be attached)	
Contact name:		Drivers Licence No:	
Address:		NSW <input type="checkbox"/> VIC <input type="checkbox"/>	
City:	Postcode:	Other	
Phone:		Guarantor Proof of ID (Copies to be attached)	
Fax:		Drivers Licence No:	
E-mail:		NSW <input type="checkbox"/> VIC <input type="checkbox"/>	
Agreement			
1. All invoices are to be paid on or before the 20 th of the month following the date of the invoice.			
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.			
3. By submitting this application, you authorise Albury Taxis to make enquiries into the business/trade references that you have supplied.			
4. A \$2.50 fee will apply to all posted invoices or statements.			
Signatures		Guarantor	
Title:		Title:	
Date:		Date:	

Office Use Only

Approved By:	Date:
Account No:	
Entered SM:	Entered Reckon: