



# APPLICATION FOR A COMMERCIAL CREDIT ACCOUNT WITH

## ***ALL PURPOSE TRANSPORT***

**ABN 30 010 084 367**

Administration: 58 Reginald Street Rocklea Qld 4108  
Phone: (07) 3274 5676 Facsimile: (07) 3277 6273

Please note our trading terms are strictly **14 days** from date of Invoice. Please initial here to acknowledge trading terms: \_\_\_\_\_

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

Holding Company Name (If Applicable): \_\_\_\_\_

Australian Business No. (ABN): \_\_\_\_\_ Business Registration No.: \_\_\_\_\_

Public Company [ ] Private Company [ ] Partnership [ ] Sole Trader [ ]

Type of Business/Industry: \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Accounts Payable Email address: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Business Premises: Owned [ ] Rented [ ]

Years at Address: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

### Contacts

Name	Position	Phone	Fax	Mobile
	CEO			
	Manager			
	Accounts			
	Despatch			

Emergency Contact No. (A/H): \_\_\_\_\_ Opening & Closing Trading Hours: \_\_\_\_\_

Opening & Closing Despatch/Receiving Hours: \_\_\_\_\_

Proprietor/Director's Details Name of Proprietor / Managing Director : \_\_\_\_\_

Proprietor / Director's Address: \_\_\_\_\_

Proprietor / Director's Private Phone: \_\_\_\_\_



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Do you require a reference number to show on your invoice/statement for the deliveries we perform? Yes [ ] No [ ]

Send Account to the Attention of: \_\_\_\_\_

How would prefer to receive your fortnightly invoice: Email [ ] or Post [ ]

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

Email Address\*\*\*: \_\_\_\_\_

*\*Please only list one email address. As the invoices sent by email are an attachment we ask that you add the email address admin08@allpurpose.com.au to your spam and virus filters as an acceptable email address to prevent the invoice from being blocked by your server.*

**Trade References:** Please supply us with **no less than 3** Trade References. (eg. Stationer, Wholesaler, Retail Outlet)  
I/we authorise All Purpose to contact the following:

Name	Telephone	Fax

I/we accept the rates quoted by All Purpose Transport, and agree to the trading terms of strictly ***fourteen (14) days nett from the invoice/statement date.*** I/we have read and accept All Purpose's Terms and Conditions.

### Seeking Providers Details About Credit Worthiness

(Section 18N 91) (b) Privacy Act 1988)

I/we agree that All Purpose Transport Services Pty Ltd may give to and seek from any credit providers named in this credit application and any credit providers that may be named in a credit report issued by a credit reporting agency information about my/our credit arrangements. I/we understand that this information can include any information amount my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act.

I/we understand the information may be used for the following purposes:

1. Assess an application by me/us for credit
2. Notify other credit providers of a default by me/us
3. Exchange information with other credit providers as to the status of this account where I/we are in default with other credit providers
4. Assess my/our credit worthiness

Signature of Authorised Person : \_\_\_\_\_ Title/Position : \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date : \_\_\_\_\_

#### APT Office Use Only:

All Purpose Representative : \_\_\_\_\_  
Rate Table : \_\_\_\_\_

Account Number : \_\_\_\_\_  
Date Entered into Computer : \_\_\_\_\_