

CREDIT APPLICATION FORM



FOR OFFICE USE ONLY			
APPROVED	<input type="checkbox"/>	NOT APPROVED	<input type="checkbox"/>
CUSTOMER#	<input type="text"/>	TERM APPROVED	<input type="text"/>
DATE	<input type="text"/>	APPROVED BY	<input type="text"/>

Documents must be fully complete before an account is opened and pricing quoted.

DESCRIPTION OF BUSINESS

Date business established _____

Business Trade Name _____

Registered Business Name (if different from trading name) _____

Registered Business Street Address _____

Length of time at this address _____

Business Phone _____

Business Fax _____

Business Email _____

Australian Registered Business Number (ABN) _____

What is the nature of your business, pls describe _____

BILLING DETAILS (If different from business address)

Business Street Address _____

SHIPPING DETAILS (attach list if more than one shipping address)

WHICH CATEGORY , best describes your company's ownership affiliation? Pls tick One below.

Owner Operator

Member of a franchise group

Affiliated with a franchise group

DETAILS OF ALL PROPRIETORS AND DIRECTORS (compulsory)

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

TRADE REFERENCES (compulsory)

1. Company Name _____	Contact Name _____
Address _____	
Phone _____	Fax _____
2. Company Name _____	Contact Name _____
Address _____	
Phone _____	Fax _____
3. Company Name _____	Contact Name _____
Address _____	
Phone _____	Fax _____

CHANGE OF ADDRESS

Customer agrees to notify Maximum Sport of any change in ownership of it's business as set forth herein by certified mail or email to:

Maximum Sport
11a The Crossway
Campbellfield, Victoria 3073

Email: info@maximumsport.com

OR PLEASE RETURN CHANGES BY FAX TO (03) 9357 - 5356

Maximum Sport reserves the right to terminate without cause customers right to purchase products and services on credit or to vary the credit terms in respect of customer. Customer consents to Maximum Sport investigating the credit history of customer through credit reporting agencies and other methods of sharing credit information.

Customer authorised representative (Director/Proprietor/Partner)

Full Name _____	Full Name _____
Position _____	Position _____
Signature _____	Signature _____
Date _____	Date _____