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CREDIT APPLICATION - BUSINESS

Please complete and return via email or fax, as above. We look forward to hearing from you soon.

Company Name: _____

Trading Name: _____

Delivery Address: _____

Postal Address: _____ Postcode _____

Accounts Contact: _____ Phone: _____ Fax: _____

Accounts Email: _____

Operations Contact: _____ Phone: _____

ABN: _____

Preferred credit limit (please circle): \$500 \$1000 \$5000 \$10,000 other- please specify _____

Trade reference name:

1: _____ Fax / Email: _____

2: _____ Fax / Email: _____

We require payment within 7 days of delivery for first two deliveries, after which time terms are 14 days after EOM. Overdue accounts incur a 2% fee applied monthly. Your signature below indicates agreement to these terms and agreement to pay debt collector fees should we require their services for your account.

Name: _____ Position: _____

Signature: _____ Date: _____