



BUFFALO BOLT COMPANY PTY LTD

(THE TRUSTEE FOR THE BRIAN HARRIS FAMILY TRUST)

“YOUR FIRST STOP FOR THE WORKSHOP”

5 DANIELS STREET PO BOX 775 EMERALD QLD 4720
E-MAIL: accounts@buffalobolt.com A.B.N. 50 639 569 424
PH: 07-49 822 966 FAX: 07-49 823 121

A/C _ _ _ _

CREDIT APPLICATION

Company Name: _____

Billing Address: _____ Post Code _____

Registered Address: _____ Post code _____

A.B.N. Number _____

Accounts Contact Name: _____ Ph: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____ Corporation / Partnership / Proprietorship

Type of Business _____ Year Established _____

NAMES AND ADDRESSES OF OWNERS, PARTNERS, OR OFFICERS:

Name _____ Title _____

Address _____ Post code _____

Name _____ Title _____

Address _____ Post Code _____

TRADE CREDIT REFERENCES:

Vendor Name _____ Acc # _____ Ph _____

Address _____ Fax _____

Vendor Name _____ Acc # _____ Ph _____

Address _____ Fax _____

Vendor Name _____ Acc # _____ Ph _____

Address _____ Fax _____

BANK DETAILS

Bank Name _____ Ph _____

Address _____ Post code _____

Account Details BSB: _____ Account #: _____

TRANSACTION INFORMATION

Does your company currently use a purchase order system Yes No

If yes, please advise us of any special requirements / purchase terms that may exist within your company prior to purchase _____

Would you prefer to receive your tax invoices with your statement at the end of each month. Yes No

CREDIT TERMS

Minimum invoice value of \$10

Payment on all invoices is due within **30 DAYS FROM THE STATEMENT DATE**

Credit applicant agrees to pay all costs of collection, including court costs and solicitors fees. Credit terms and limit may be cancelled or changed by Creditor at any time without notice.

The laws of the Creditor's state govern all transactions. All transactions are governed by the terms of the Creditor's documents.

Title to all goods shall not pass to the purchaser until payment has been made in full and received by Buffalo Bolt Company.

The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorises creditor to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Dated: ____/____/____

Signature of Credit Applicant

Name and title of Credit Applicant

OFFICE USE ONLY

APPLICATION: APPROVED / REJECTED DATE PROCESSED ____ / ____ / ____ COMPLETED BY _____

VENDOR REFERENCES COMPLETE: YES / NO ACCOUNT NUMBER _____ CREDIT LIMIT \$ _____

ACCOUNT TYPE - 01 GL SET - GEN *** ACCOUNT ONLY - CONACT - YES SORT DETAIL - ***