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**APPLICATION FOR CREDIT ACCOUNT**

TRADING NAME:.....  
 ADDRESS:.....  
 CONTACT:.....PHONE.....FAX:.....  
 ABN:.....  
 NATURE OF BUSINESS:.....  
 COMPANY/SOLE TRADER/PARTNERSHIP:.....  
 ESTIMATED MONTHLY PURCHASES:.....

**DIRECTORS/PROPRIETORS/PARTNERS (FULL NAMES & ADDRESSES)**

1:.....  
 2:.....  
 3:.....

BANK USED AND BRANCH.....  
 .....

**TRADE REFERENCES**

COMPANY	TEL NO.	MONTHLY PURCHASES
1:.....	.....	.....
2:.....	.....	.....
3:.....	.....	.....

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.**

I .....AS A DIRECTOR/ PARTNER /PROPRIETOR OF .....HEREBY UNDERTAKE, THAT CREDIT PURCHASES MADE FROM I.T.C. PRODUCTS PTY. LTD. WILL BE PAID FOR WITHIN 30 DAYS OF MONTHLY STATEMENT, AND ACKNOWLEDGE THE FOLLOWING CREDIT CONDITIONS.

I.T.C. PRODUCTS PTY. LTD. RESERVES THE RIGHT TO SUSPEND OR REMOVE THE CREDIT FACILITY ON THIS ACCOUNT SHOULD OUR TERMS OF TRADING BE EXCEEDED. EXTENSIONS TO OUR NORMAL TRADING TERMS MUST BE APPROVED IN WRITING. ACCOUNT EXCEEDING AGREED CREDIT TERMS MAY BE SUBJECT TO A SERVICE CHARGE.

**SIGNED:.....DIRECTOR/ PARTNER /PROPRIETOR**  
**SIGNED:.....SECRETARY.**  
**DATE:.....**