

COOLFREIGHT Pty Ltd.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	Postcode:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	Postcode:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	Postcode:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	Postcode:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Postcode:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Postcode:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 7 days from the date of the invoice.
2. Claims arising from invoices must be made within two working days.
3. By submitting this application, you authorize COOLFREIGHT Pty Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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