



**BLACKS TRANSPORT (QLD) PTY LTD**

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## CREDIT APPLICATION FORM

BUSINESS NAME.....

A.B.N. ....

BUSINESS ADDRESS: .....

.....

ACCOUNTS EMAIL ADDRESS: .....TYPE INDUSTRY:.....

CONTACT NAME: .....

PHONE NO: (.....).....FAX NO: (.....).....

BANK: .....BRANCH: .....

ANTICIPATED CREDIT REQUIREMENT PER MONTH .....

POSTAL ADDRESS: .....

.....

TRADE REFERENCES:

1)..... PHONE: (.....).....

2)..... PHONE: (.....).....

3)..... PHONE: (.....).....

**TERMS: STRICTLY 14 DAYS FROM INVOICE DATE.**

***I/WE HEREBY AGREE TO ACCEPT THE TERMS OF THE CREDIT APPLICATION AND THE TERMS AND CONDITIONS.***

NAME: ..... DATE OF BIRTH: .....

(Please Print Name Here)

JOB TITLE: .....

SIGNATURE: ..... DATE: .....