

**CUSTOM LABELS & MOTIFS**

**22 Alexandrina Cct  
Forest Lake Qld. 4078  
Phone / Fax (07) 3879 9598**

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**CREDIT APPLICATION FORM**

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**APPLICATION BY:**

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**ADDRESSES:**

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Registered Office:

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Telephone:

Post Code:

Delivery Address:

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Telephone:

Post Code:

**TYPE OF BUSINESS:**

\* whichever is applicable

\* Public Company:

A.C.N. Number:

\* Proprietary Company:

A.C.N. Number:

\* Partnership:

\* Sole Trader:

Period of Trading:

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**PROPRIETOR(S) OR PARTNERS NAMES:**

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**ADDRESSES:**

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**NATURE OF BUSINESS:**

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Average Monthly Purchases:

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Credit Limit Required:

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**BANK:**

Branch:

**TRADE REFERENCES:**

(Three required)

REFEREE

ADDRESS

PHONE NO.

**N.B.**

Accounts are due and payable according to terms. In the event that the Customer fails to pay an account in accordance with the payment terms and Custom Labels & Motifs initiates collection activities, all expenses, including court and collection costs, interest, and legal fees incurred by Custom Labels & Motifs in said collection activities, shall be paid by the customer.

**CUSTOMER COMMITMENT**

We verify that the information supplied on this application is correct and agree to adhere to your terms of payment.

All goods shall remain the property of Custom Labels & Motifs until the payment for such goods has been received.

**OWNER'S/OFFICER'S SIGNATURE:**

\_\_\_\_\_  
**TITLE:**  
\_\_\_\_\_

**(OFFICE USE ONLY)**

\* APPROVED AS RECOMMENDED:

\* NOT APPROVED - REASON BEING:

\_\_\_\_\_  
**ADMINISTRATIVE MANAGER'S APPROVAL:**

**Date:**  
\_\_\_\_\_

\* DELETE WHICHEVER IS NOT APPLICABLE