



## APPLICATION FOR 30-DAY CREDIT ACCOUNT

I/We hereby apply for a Trading Account to be opened with the above company (The Supplier) and submit the following information for your consideration. I/We acknowledge that the supplier/s shall rely on the information provided, in assessing whether or not to grant a Credit Account.

Applicant's Company or Business Name \_\_\_\_\_

Business/Delivery Address \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_

Postal Address (If different from Above) \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_ Mobile# \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

A.B.N # \_\_\_\_\_ A.C.N # \_\_\_\_\_

Account payable contact \_\_\_\_\_ Email \_\_\_\_\_

Entity Type (Please Circle)    Trust    Partnership    Sole Trader    Company    Business

Registrar Type (Please Circle)    Doctor    Pharmacist    Veterinarian    Dentist    Wholesaler

License # \_\_\_\_\_ State of Registration \_\_\_\_\_ Date \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Period of Present Ownership \_\_\_\_\_ Premises (Please circle)    Owned    Leased

If the Applicant is a Trustee, Please provide the Trust Name \_\_\_\_\_

Amount of Credit Required \$ \_\_\_\_\_



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Full Name and Addresses of Directors/Partners or Proprietors.

Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Trade References: (Full Trading Name Required)

Company Name	Phone	Contact
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

If the applicant is a "Private Company", this application must be signed by all the Directors who will become jointly and severally liable as guarantors for the amount owing by the applicant to the Supplier from time to time. This guarantee shall be a continuing guarantee and shall not in any way be waived or affected by time or any indulgence granted by the Suppliers to the applicant.

Signed by/for and on behalf of the applicant/s by the person/s named below that warrants the authorisation to sign.

Title \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NxGen Wholesaling Pty Ltd  
Remittance Address: PO Box 2502, Taren Point NSW 2229  
Website: [www.nxgen.com.au](http://www.nxgen.com.au) Email: [accounts@nxgen.com.au](mailto:accounts@nxgen.com.au)