

CREDIT APPLICATION FORM



3 Mallett Road, Tullamarine Victoria 3043
Telephone: 1300 731 530
Facsimile: 1300 731 540
www.aimsmedical.com.au

ABN 53 137 758 340

APPLICANT

Company/Business Name:
Trading as:
ABN Number:
Postal Address:
.....
Telephone: Facsimile:
Shipping Address:
.....

FINANCIAL DETAILS

Purchasing Manager:
Telephone:
Email:
Invoice Email:
Bank Name:
Branch: Years Trading:

Requested Credit Limit: \$ _____ (State estimated expenditure with AIMS Medical Supplies)

NAME OF DIRECTORS

Name:
Address:
Telephone:
Name:
Address:
Telephone:
Name:
Address:
Telephone:

TRADE REFERENCES

Please supply three current trade references

Name:

Telephone: Monthly Trading: \$.....

Name:

Telephone: Monthly Trading: \$.....

Name:

Telephone: Monthly Trading: \$.....

SIGNATURE

Name of Applicant:

Position Held by Signatory:

Signature: Date:

NOTE:

An application does not automatically result in an approval. If an application is rejected, AIMS Medical Supplies reserves the right to decline comment/reasons for rejection of the application.

Please accept that all credit checks generally take approximately 3 to 4 business days to complete based on information presented correctly and availability of nominated referees.

Please forward completed form to:

AIMS Medical Supplies
3 Mallett Road
Tullamarine Vic 3043
Facsimile: 1300 731 540

OFFICE USE ONLY

Approved by: Date:

Terms: Limit: \$

Sales Representative:.....