



ReGyp Unit Trust
ABN: 47 654 323 906
PO Box 3454
Tamarama, NSW, 2026
ph: 1300 4 REGYP (73497)
f: +612 8088 0748
e: info@regyp.com.au
w: www.regyp.com.au

CREDIT APPLICATION - 7 DAY ACCOUNT

Date: _____

Company / Individual Name: _____

Trading Name: _____

Main Business Activity: _____

Street Address: _____ Post Code _____

Postal Address: _____ Post Code _____

Phone: _____ Fax: _____

E-mail: _____ Web : _____

Bank: _____ BSB: _____ Acc. No: _____

Date Commenced Business: _____ ABN: _____

Paid Capital: _____

Are premises owned or leased? _____ Value: _____

Names & Addresses of Directors or Partners:

1. _____

2. _____

3. _____

Trade References:

1. _____ Phone No: _____

2. _____ Phone No: _____

3. _____ Phone No: _____

I/We hereby authorise you to contact the trade references supplied above to ascertain the trading/payment history of our organisation.

Accounts Contact: _____ Phone No: _____

Monthly Credit Required: _____

TERMS

Strictly 7 days Nett from date of Invoice any expenses costs or disbursements incurred by the supplier in recovering any outstanding monies from the customer including debt collection agency fees and solicitors costs shall be paid by the customer, providing that those fees do not exceed the scale charges as charged by that debt agency or solicitor.

PRIVACY CLAUSE

ReGyp Unit Trust undertakes not to release any of the above Credit Application information to 3rd parties.

I _____ am authorised by _____ to execute this document on it's behalf.
(Print Name) (Company, Business, Partnership)

Authorised by: _____ Date: _____
(Signature)

Title Held: _____

.....
 Office Use Only

Customer Number _____

Client Manager _____

Client Location _____