

APT Sources Credit Application

APT Sources ABN: 80159828650

CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED		
COMPANY NAME		
ADDRESS	PHONE	
DELIVERY		
CITY	STATE	POST CODE
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS		
TYPE OF BUSINESS : SOLE TRADER PARTNERSHIP LLC CORPORATION OTHER		

BANK INFORMATION		
BANK NAME	CONTACT NAME	
ADDRESS	PHONE	
CITY	STATE	POST CODE
BSB	ACCOUNT NUMBER	

BUSINESS REFERENCES
Please provide us at least three other companies your business has established credit with previously

1 COMPANY	CONTACT NAME		
PHONE	EMAIL		
ADDRESS	TITLE		
CITY	STATE	POST CODE	
COMMENTS			

2 COMPANY	CONTACT NAME		
PHONE	EMAIL		
ADDRESS	TITLE		
CITY	STATE	POST CODE	
COMMENTS			

Continue on to next page ...	PAGE 1 OF 2
------------------------------	-------------

APT Sources Credit Application

APT Sources ABN: 80159828650

BUSINESS REFERENCES
Continued from previous page ...

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	POST CODE	
COMMENTS			

CREDIT AGREEMENT
1 All invoices must be paid within 30 days from end of month on or before the 1 st of the following month
2 Any claims regarding an invoice issued must be made within 7 days of the date issued
3 You authorize inquiry into the banking and business references provided within this application
4 Late payment will incur a 2.5% increase penalty fee.

COMPANY REPRESENTATIVES	
1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS

	PAGE 2 OF 2
--	-------------