

## CREDIT APPLICATION (COMPANY)

Registered Name:			
Trading Name:			
Address:			
Postal Address:			
Please Indicate:	Company: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sole Prop: <input type="checkbox"/> Trust: <input type="checkbox"/>		
ABN:		ACN :	
Nature of Business:		Date Incorporated:	
Telephone:		Fax	
Contact:		Mobile:	
Email address:		Website address:	
Requested Monthly Credit Limit:	\$		

Accounts Payable Contact:			
Name:		Telephone:	
Email:		Facsimile:	
Email for Invoices:			
Email for Statements:			

Full name and residential addresses of all the Directors/Partners/Proprietors:		
Name	Residential Address	Contact No

Business References – Please provide a minimum of 3:				
	Company Name	Contact Name	Contact No	Email Address
1				
2				
3				
4				

I/We hereby acknowledge and agree to be bound by the standard conditions of sale set forth by

**BLACK DIAMOND DRILLING SERVICES AUSTRALIA P/L.**

These conditions may be subject to changes or updates from time to time. A copy of these conditions can be sent upon request or found on our website by [clicking here](#).

Signature of all Proprietor(s) / Director(s) of applicant:			
Applicant's Name:		Signature:	
Directors Name:		Signature:	
Directors Name:		Signature:	
Directors Name:		Signature:	
Date:			

Please return the completed application to [trevor@bddrill.com.au](mailto:trevor@bddrill.com.au) or your nominated sales representative.

BLACK DIAMOND PTY LTD internal use only:			
Sales Representatives name:		Sign:	
Terms of Trading:			
References Checked:	1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/> 4: <input type="checkbox"/>	Sign	
Comments:			
Credit Limit Amount Approved:	\$	Acc Code:	
Allocated Sales Rep:		Date:	
HEAD OFFICE:			
Account Opened By:		Date:	