



Application for Credit

Part Express (Australia)
Attn: Sales Department
310-312 Anzac Avenue
Toowoomba QLD 4350

Phone Number: **07 4637 5914**
Fax Number: **07 4637 5977**
Email: **accounts@parts-exp.com.au**

Business Name:

Email:

Billing Address:

Shipping Address:

Phone:

Mobile Phone:

Fax:

Years at Current Location:

Accounts Payable Contact:

Purchase Order # Required?

Yes No

Credit Limit Requested:

Authorised Purchaser Names:

Choose One:

Parts Dealer
Repair Shop
Salvage Yard
Other

Choose One:

Company
Trust
Partnership
Individual

Ownership

Name of Owner or Officer:

ABN:

Address:

Years in Business Under Above Name:

Finance

Bank Name:

Officer Contact:

Address:

Account Number:

Business References

Name:

Name:

Address:

Address:

Phone:

Fax:

Phone:

Fax:

Email:

Email:

Name:

Address:

Phone:

Fax:

Email:

All payments are to be received at our Corporate Office by the 25th day of the month following the invoice date. The ownership of all goods do not pass to the purchaser until invoiced amount is paid in full. Past due balances will incur a Late Payment Fee of 2%. The undersigned understands and agrees to meet the terms of sale of Parts Express (Australia), guarantees prompt payment of any and all obligations of the above named customer, including collection costs in the event of default. Customer who fails to make timely payment will revert to cash account status. Signature below authorises the release of all requested financial information from all credit and bank references provided above.

Date:

Signature:

Title: