



# 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**

Business Name:

E-mail:

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:

- Corporation  
 Partnership  
 Individual  
 Pty Ltd

---

## 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:

---

Name:

Name:

Address:

Address:

Phone:

Fax:

Phone:

Fax:

---

*Our terms are payment in full within 30 days following the date of each invoice. 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: