



APPLICATION FOR CREDIT ACCOUNT

Please complete and return to our Sales Representative or accounts@kti.net.au

COMPANY PARTICULARS

Trading Name		Date of Application	
Legal Entity Name		ABN	
Parent Company		ACN	
Industry / Business		Date Incorporated	
		Est. Wkly Trading\$	
Postal	Address	Suburb	State
Physical			Post Code

TRADE REFERENCES (Please supply 3)

Company Name	Contact Name	Phone	Email Address

COMPANY CONTACTS

Please indicate if the Email address is relevant for Invoicing and/or General Correspondence - a Minimum on ONE each must be flagged

COMPANY DIRECTORS / OWNERS

Name	Title/Role
Phone Mobile	Email

Requires invoice General Correspondence

TRANSPORT / OPERATIONS

Name	Title/Role
Phone Mobile	Email

Requires invoice General Correspondence

ACCOUNTS / INVOICING

Name	Title/Role
Phone Mobile	Email

Requires invoice General Correspondence

OTHER CONTACT

Name	Title/Role
Phone Mobile	Email

Requires invoice General Correspondence

ORDER NUMBERS REQUIRED

Flag if Order Numbers ARE Required on Invoice

If order Numbers are required – please indicate the detail or provide a sample of data type / reference Format necessary to capture.

SAMPLE ORDER

I/We hereby apply for a credit account with Aussietrans Pty Ltd T/As Kangaroo Transport Industries (K.T.I.). I have read and agree to abide by the Terms & Conditions of Cartage and Storage (available for download and perusal from www.kti.net.au). I acknowledge that these terms and conditions override any generic Consignment Note which may be used for Goods carried and that all future dealings between KTI and the Customer will be conducted in accordance with the terms of these documents. I agree to abide by KTI's trading terms; strictly fourteen (14) days NETT from date of invoice unless a prior arrangement has been made with KTI Management. I fully understand that K.T.I. reserves the right to withdraw credit facilities and charge collection expenses should the terms of the account not be met. Any account not paid within the arranged term incurs a 2½% monthly charge.

Signed by Director / Authorised Personal

NAME (Print)	SIGNATURE	POSITION	DATE
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