

30 DAY CREDIT APPLICATION FORM



KD INSTRUMENTS

Company Name:			
Trading Name:			
Nature of Business:			
ACN No:		ABN No:	
Postal Address:		Phone No:	
		Fax No:	
Delivery Address:			
Directors Guarantee Details			
Director:		Director:	
Address:		Address:	
Signature:		Signature:	
Accounts Contact:			
Direct Banking Facilities:		Yes / No	
Trade References:			
Company:		Phone:	
Address:		Fax:	
Company:		Phone:	
Address:		Fax:	
Company:		Phone:	
Address:		Fax:	
Credit Limit Requested:			
Acknowledgement and Certification			
<p>I/We being the authorised person of (Applicant) _____ have read, understood and hereby agree to adhere to the Terms and Conditions of sale attached and also warrant that the information given in this application and annexure(s) hereto is true and correct at the date of signing.</p>			
Signature: _____		Title: _____	
Print Name: _____		Date: _____	

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