

Davanna Holdings Pty Ltd

A.C.N. 114 284 445
45 Andover St
Carlton NSW 2218
PO Box 884 Rockdale 2216

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Web: www.davanna.com.au
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Credit Application

Applicant:

(Company Pty Ltd or Ltd)
Registered Company Name _____

Registered Trading Name _____

ABN _____ ACN _____

Registered Business Address _____

Phone Number _____ Fax Number _____

Email Address _____

Postal Address _____

Delivery Address _____

Nature of Business _____

1. Directors Name _____
Home Address _____

2. Directors Name _____
Home Address _____

3. Directors Name _____
Home Address _____

Sole Trader or Partnership:

1. Sole Trader Name _____

2. Partners Names 1. _____ 2. _____

3. _____ 4. _____

Sole Trader/Partners Address/es

1. _____
2. _____
3. _____
4. _____

Trading Bank _____ Branch _____
Account BSB _____ Account No _____

Accountant _____

Credit Limit Required _____ Average Monthly Spend _____

Trade References: (Min 3 Required)

1. Name _____ Phone _____
Address _____ Fax No _____

2. Name _____ Phone _____
Address _____ Fax No _____

3. Name _____ Phone _____
Address _____ Fax No _____

4. Name _____ Phone _____
Address _____ Fax No _____

Trading Terms and Conditions:

1. All goods and services remain the property of Davanna Holdings Pty Ltd until paid in full
2. All Credit accounts are **STRICTLY 30Days** after end of Month
3. Failing to comply with our **STRICT 30 Days Policy** you may have your Credit facilities put on hold or Cancelled in full.
4. Any goods you wish to return for Credit **MUST** be approved by Davanna Holdings Pty Ltd in Writing and **MUST** be made within 7 Days of Purchase and all freight if any paid by the customer.
5. I/We Certify that the above is true and correct and agree if approved for credit facilities with Davanna Holdings Pty Ltd to fully comply with the trading terms stipulated in this application.
6. I/We Certify that I am authorized to open a credit account on behalf of the Company/Business named above.

Signed _____ Name _____ Position _____