



CREDIT APPLICATION

Client Details:

Registered Business Name:			
Trading Name:			
Trustee Name:			
Trading Address:			
Postal Address:			
Registered Office & Address:			
Business Phone Number:		Email:	

ABN No:		ACN No:	
Bank Name:		Branch:	
Date of Incorporation:		Contact Name (Accounts):	
Date Business Commenced:		Phone (Accounts):	
Estimated Monthly Trading:	\$	Email (Accounts):	
Company Structure: (Please tick appropriate box)	Sole Trader <input type="checkbox"/>	Proprietary Limited <input type="checkbox"/>	Public Company <input type="checkbox"/>
	Partnership <input type="checkbox"/>	Incorporated Body <input type="checkbox"/>	Trustee <input type="checkbox"/>

Trade References: (Minimum 3 Required):

Name:		Phone:	
Address:		Email:	
Name:		Phone:	
Address:		Email:	
Name:		Phone:	
Address:		Email:	

Full Name and Addresses of Directors/Proprietors/Partners:

1.	
2.	
3.	
4.	

Declaration:

- a) I/We certify that the above stated information is true and correct.
- b) I/We irrevocably agree to pay account 7 days from date of invoice.
- c) I/We authorise SCT Logistics to check our credit references in accordance with their *Privacy Information Statement* as attached and published on our website: www.sctlogistics.com.au
- d) I/We understand that any approval of credit is subject to the receipt of a signed copy of *SCT Logistics Transport Terms and Conditions* as attached and published on our website: www.sctlogistics.com.au

	Signed	Title	Date
Applicant 1			
Applicant 2			
Applicant 3			
Applicant 4			

Forms to be completed and returned to SCT Logistics:

1. SCT Credit Application
2. SCT Transport Terms and Conditions

Information to be read in-conjunction with the Credit Application and Terms & Conditions:

1. Privacy Information Statement
2. Privacy Policy

OFFICE USE ONLY

Check completed by:	Date:	Signed Copy of SCT's Transport T&C's Received <input type="checkbox"/>
Approved by:	Date:	Approval/Non Approval
Approval Letter Sent to Client: <input type="checkbox"/>	Date:.....	Account Code: