



SICO SOUTH PACIFIC LTD.

ABN 31 003 647 318

HEAD OFFICE

PO Box 555 Wyong NSW 2259 Australia

Telephone: 02) 4336 1333 Facsimile: 02) 4388 4643

Web Site: www.sicosp.com.au Email: sales@sicosp.com.au

Credit Application and Agreement

Business Name: _____

Trade Name: _____

Address: _____

City: _____ **State:** _____ **Postcode:** _____

Billing address: _____

Phone: _____ **Fax:** _____

Years established: _____ **Email Address:** _____ **Website:** _____

ABN: _____

Credit limit required: _____

Public Corporation Partnership Subsidiary of: _____

Private Corporation Sole Trader Division of: _____

Religious/Non Profit Org. Branch of: _____

Name of Owner/Officers _____

Home Address _____

Bank name: _____ **BSB#** _____ **Acct#** _____

Bank address _____

Phone _____

Current Trade References

1. **Name:** _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact person: _____

2. **Name** _____

Address _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact person: _____

3. **Name** _____

Address _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact person: _____

Note: All blanks must be completed and application signed by owner or duly authorised officer or partner. Please provide complete addresses. By executing this application and agreement, we agree to the Terms of Trading attached to this document and acknowledge receipt of said terms

I/we hereby authorise SICO South Pacific Ltd to obtain credit information from any or all of the bank and trade references contained herein or otherwise obtained.

Name: _____ **Date:** _____

Title: _____