



Sherda Pty Ltd A.C.N. 108 044 748
Sherda Pty Ltd A.B.N. 64 108 044 748

Commercial 30 Day Credit Application

Company Name

A.C.N. A.B.N.

Registered Office Address

Telephone Facsimile

Email No of Employees

Registered Trading Name

Trading Address

Postal Address

If a Subsidiary, name of Parent Company

If Company is acting as a Trust, name Trust

Nature of Business Length of time in business

FULL NAME & Private address (Drivers licence no.) of Directors, Proprietors or Partners.

1.

2.

FINANCIAL POSITION (attach balance sheet)

Bank Branch

Do you have an overdraft facility? YES NO
Have you any Registered Charges? YES NO If yes, state limit \$

Do you Own Rent Lease your premises? \$
If you lease or hire purchase, how much are your total monthly commitments? \$

TRADE REFERENCES (Major Suppliers Please) CREDIT LIMIT SOUGHT \$

1.	Fax: ()	Telephone ()
2.	Fax: ()	Telephone ()
3.	Fax: ()	Telephone ()
4.	Fax: ()	Telephone ()

I/We the undersigned, submit this information to assist you to extend 30 day credit facilities to me/us. Orders placed by, and invoiced to the proprietor(s) specified above remain the contractual responsibility for payment by the proprietor(s) unless expressly agreed in writing to the contrary. I/We hereby authorise Sherda Pty Ltd trading as Maslen Australia to conduct appropriate credit checks as deemed necessary to assess this application.

1. Signed	Date: / /	2. Signed	Date: / /
1. Name/Title		2. Name/Title	