

APPLICATION FOR CREDIT ACCOUNT
(Please Print in Block Letters)



ACCOUNT NUMBER _____

IVR PIN _____

Account Details

Applicant Trading / Customer Name _____

Address / Phone Details

Box No _____

Suburb _____ City _____ Post Code _____

Street No _____ Street _____

Suburb _____ City _____ Post Code _____

Phone _____ Fax _____

Mobile _____

Contact Details

Manager (Decision Maker)

First Name _____ Last Name _____

Job Title _____ Email _____

Accounts (Contact for Payment)

First Name _____ Last Name _____

Job Title _____ Email _____

Dispatch Manager (Person Who Tickets Parcels)

First Name _____ Last Name _____

Job Title _____ Email _____

Business Details

Nature of Business _____

Business Type _____ Company _____ Partnership _____ Sole Trader _____ Other _____
(Please Circle One)

Year Trading Commenced _____ Company Number _____

Directors _____

Credit Limit Required _____

Reference Details

| No. | Business Name | Reference # | Phone # |
|-----|---------------|-------------|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

I/We hereby acknowledge, agree to and accept Parcel Express Limited terms and conditions as outlined in the attached Terms and Conditions of Carriage.

Name and Title _____ Date _____

Signature _____

For Office use Only:

Rep Code _____ Rep Name _____ Courier Run Number _____

Credit Reference Details

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |

Signed: _____ Credit Controller _____ Date _____