



CREDIT APPLICATION

FOR

Chemical System Consulting

ABN: 77 792 908 453
PO Box 748
Lane Cove NSW 1595

Phone: [0421 795 353](tel:0421795353)
Fax: (02) 9436 0491

Web: www.h2orx.com.au
Email: info@h2orx.com.au

AND

H2O Rx

ABN: 97 217 924 685
PO Box 748
Lane Cove NSW 1595

Phone: [0409 784 236](tel:0409784236)
Fax: (02) 9436 0491

Web: www.h2orx.com.au
Email: info@h2orx.com.au

By completing and submitting this form, the applicant and Directors agree to the "Standard Terms & Conditions of Sale".

These "Standard Terms & Conditions of Sale" apply unless a specific alternate has been negotiated and agreed.

The "Standard Terms & Conditions of Sale" are available on our web site.

Note that the "Standard Terms & Conditions of Sale" are updated from time to time.

It would be appreciated if this form is completed electronically and emailed to info@h2orx.com.au.



APPLICANT DETAILS

Trading Name:			
Legal Business Name:			
ABN:			
Postal Address:			
Postal City:			
Postal State:		Post Code:	
Office Address:			
Office City:			
Office State:		Office Post Code:	
Office Country:			
Telephone:		Fax:	
Web Page:		Email:	
Year Established:			
Nature of Business:			



ACCOUNTING & PURCHASING

Purchasing Contact

First Name:		Last Name:	
Direct Telephone:		Direct Email:	

Accounts Payable Contact

First Name:		Last Name:	
Direct Telephone:		Direct Email:	

Banking

Bank Name:			
Account Name:			
BSB:		Account Number:	

REQUESTED CREDIT

Indicate the credit limit that you require. Please consider our "Standard Terms & Conditions of Sale".

Credit Limit (AUD):		Per month
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DELIVERIES

Delivery Address

Please nominate your *usual* deliveries address. Other delivery addresses can be included on individual purchase orders.

First Name:		Last Name:	
Telephone:		Email:	
Delivery Address:			
Delivery City:			
Delivery State:		Delivery Post Code:	
Delivery Country:			

Freight

Please nominate your preferred freight details. If left blank, we will send via our account and charge cost plus a small administrative charge.

Freight Company:			
Booking Telephone:		Service Required:	
Account Name:		Account Number:	



TRADE REFERENCES

Reference #1

Company:			
Accounts Payable			
First Name:		Last Name:	
Direct Telephone:		Direct Email:	

Reference #2

Company:			
Accounts Payable			
First Name:		Last Name:	
Direct Telephone:		Direct Email:	

Reference #3

Company:			
Accounts Payable			
First Name:		Last Name:	
Direct Telephone:		Direct Email:	



DIRECTORS

Provide Directors details below:

Director #1

First Name:		Last Name:	
Direct Telephone:		Direct Email:	
Role in Business:			
Signature:		Date:	

Director #2

First Name:		Last Name:	
Direct Telephone:		Direct Email:	
Role in Business:			
Signature:		Date:	

Director #3

First Name:		Last Name:	
Direct Telephone:		Direct Email:	
Role in Business:			
Signature:		Date:	

SUBMIT

Please submit electronically directly as email to info@h2orx.com.au.

Alternatively, scan and email to: info@h2orx.com.au or fax to +61 (0) 2 9436 0491.



OFFICE USE ONLY

Comments:			
Discount Level:			
Approved (Y/N):		Approved Limit (per month) AUD:	
Approved By:		Date:	

A Number	S Number	P Number	E Number	C Number