



TURNER DRIVESHAFTS
 7 WEST STREET
 BROOKVALE, NSW. 2100
 PH: (02) 9905 0574
 FAX: (02) 9905 0591

APPLICATION FOR CREDIT

Business/Company Name:	Contact:
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Address:	Ph:	Fax:
	Mob:	
P/Code:	ABN:	
Trading Name:	Email:	

Banking Details

Bank:	BSB No'	Account No'
Account Name:		

4 CREDIT REFERENCES

Company Name	Contact Name	Phone Number

Customers of a Sole Proprietor / Partners and at least two directors if a company supplies the following details: -

Residential Address:	P/Code:
Ph:	Credit Limit Required: \$

I agree that all the information I have supplied here is correct and that I will honor the credit terms of Turner Enterprises of which I am familiar with and will be responsible for paying this account.

Signed: Name: Date: / /