



**Black Diamond Group Company
CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

BUSINESS CONTACT INFORMATION

Entity name:			
Contact name:		ACN:	ABN:
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	Post Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Trust:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	Post Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	Post Code:
Contact Name:			

BUSINESS/TRADE REFERENCES

1. Company name:		Average Monthly Spend:	
Address:			
City:		State:	Post Code:
Phone:	Fax:	E-mail:	
Type of account:			
2. Company name:		Average Monthly Spend:	
Address:			
City:		State:	Post Code:
Phone:	Fax:	E-mail:	
Type of account:			
3. Company name:		Average Monthly Spend:	
Address:			
City:		State:	Post Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Black Diamond Group Company to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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Please email your completed form to info@blackdiamondgroup.com.au