

# ANYTHING INKD

## Credit Application Form

### Applicant:

Full Legal entity Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Accounts Contact: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

email: \_\_\_\_\_

### Please Answer the Following Questions:

1. How long has this business been trading: \_\_\_\_\_
2. How long has the business been trading under current management: \_\_\_\_\_
3. Have you or any of your business partners/co-owners previously declared bankruptcy, if so when and under what circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Business References:

**1**

**2**

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Relationship  
to Applicant: \_\_\_\_\_

I/we confirm that the information supplied above is correct:

Signed (Director/Partner/Sole Trader): \_\_\_\_\_

Signed (Secretary/Partner): \_\_\_\_\_

**Credit terms are strictly 25 days, if credit is approved. 2% charge will apply for exceeding the 25-day term.**

Please fax completed form to (609) 686-2121 or post to 289 Rt 33, Manalapan, NJ 07726