

CREDIT APPLICATION



Trading Name: ABN:

Please Circle: Company / Partnership / Sole Proprietor / Incorporated Association / Other

Registered Company Name:

Registered address:

Post code:

Street address:

Post code:

Postal address:

Post code:

Telephone:(.....) Fax:(.....)

Mobile: Email:

91 Selhurst Street,

Coopers Plains,

Queensland, 4108

P 07 3345 3564

F 07 34237273

Full name, Private address, Telephone nos. of Directors/Partners/Sole Trader

W thortruckwash.com.au

E admin@thortruckwash.com.au

ABN: 92 134 249 120

Financial Details

Bank: Branch:

Business Truck or Asset (Y / N)

Owned: Rented: Leased:

Average monthly credit required:

Nature of business:

Duration in business: No. of staff:

Name, address and telephone, and fax nos. of three trade references

Company: Contact:

Fax: Telephone:

Company: Contact:

Fax: Telephone:

Company: Contact:

Fax: Telephone:

The above information will be held in strict confidence

On completion please email, fax or post to: Thor Truck Wash Pty Ltd

PostPO Box 957,Archerfield, Queensland, 4108; Fax07 38

45 6449; Emailadmin@thortruckwash.com.au