



CREDIT ACCOUNT APPLICATION FOR NET 30 TERMS

Company Legal Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ ABN: _____
 State: _____ Email: _____
 Postcode/Country: _____ Time in Business: _____
 Website: _____ Contact Person: _____

Company is: Corporation Sole Proprietorship Partnership
 Nature of Business: _____

OWNERSHIP

Name(President/Director)	Country	Address	City	State	Postcode
Name(President/Director)	Country	Address	City	State	Postcode

FINANCE

Bank Name: _____ Account No. _____ BSB: _____
 Contact Person: _____
 Bank Address: _____
 City: _____ State: _____ Post Code: _____ Country: _____
 Phone: _____ Fax: _____

I _____ of _____ hereby authorize Campbell Scientific Australia Pty Ltd to verify any credit information provided by this source document. I further authorize our banks, trade references and financial institutions the right to release by telephone or fax all credit information requested by Campbell Scientific Australia Pty Ltd. We understand that ANY information obtained by Campbell Scientific Australia Pty Ltd will be held in confidence. The requested information will be used solely in assisting and securing credit terms for the applicant.

REFERENCES - Please provide fax number

1.	Company Name	Contact Person	Phone	Fax
2.	Company Name	Contact Person	Phone	Fax
3.	Company Name	Contact Person	Phone	Fax

Credit privileges are hereby provided for and it is understood and agreed upon that upon approval, the terms of payment are net within 30 days from the date of shipment. Delinquent accounts are subject to a finance fee of 1.5% per month (or part thereof) late charge until order is paid in full. Buyer will also be charged reasonable legal fees should collection by suit be required.

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.

	Name (Please Print)	Title	Date
X	Authorized Signature	<i>If using a digital signature, please sign by typing your name between two slashes e.g /John Doe/</i>	