



# CREDIT APPLICATION FORM

PO Box 4111 Essendon Fields, Vic, 3041  
 Ph: 0409 010 512  
 www.ufcomms.com.au

<b>B U S I N E S S</b>	BUSINESS NAME			ABN/ABRN
	Address			
	Phone	Fax	Email	Website
	Business Description		Business Type (Company / Trading Name / Trust)	Years Established

<b>O W N E R S H I P</b>	Principal's Name (1)		Title	% Ownership	Phone Number		
	Address (Street)		(City)	(State)	(Postcode)	Owned / Rented	How Long (yrs)
	Principal's Name (2)		Title	% Ownership	Phone Number		
	Address (Street)		(City)	(State)	(Postcode)	Owned / Rented	How Long (yrs)
	Principal's Name (3)		Title	% Ownership	Phone Number		
	Address (Street)		(City)	(State)	(Postcode)	Owned / Rented	How Long (yrs)

<b>B A N K I N G</b>	Bank	Branch	Telephone	Contact
	Account Name	BSB	Account Number	
	Bank	Branch	Telephone	Contact
	Account Name	BSB	Account Number	

<b>R E F E R E N C E S</b>	Company Name	Account Number	Telephone	Contact Person

I hereby certify: (i) the information provided above is true and correct, (ii) you are hereby authorised to investigate all bank, credit and trade references, and said references are hereby authorised to release any requested information to you or your nominee, (iii) such authorisation shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriters/s for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) the laws of Victoria governs this guarantee and indemnity, (vi) this request is for business purposes, (vii) I consent to receiving updates and info via email, fax or phone.

By: (1) \_\_\_\_\_ Date: \_\_\_\_\_  
 By: (2) \_\_\_\_\_ Date: \_\_\_\_\_  
 By: (3) \_\_\_\_\_ Date: \_\_\_\_\_