

CREDIT ACCOUNT APPLICATION TEMPORARY AND/OR PERMANENT POSITIONS

Company Name: _____
(the client)
Trading Name: _____
(if different to above)
Postal Address: _____
_____ Postcode: _____

Accounts payable
Contact: _____ Phone: _____

Email: _____ Fax: _____

Physical Address: _____

Accountant: _____

Lawyer: _____

FOR ALL COMPANIES OR PARTNERSHIPS:

PARTICULARS OF DIRECTORS OR PARTNERS

Full Name: _____ Full Name: _____

Position: _____ Position: _____

Home Address: _____ Home Address: _____

Date of Birth: _____ Date of Birth: _____

CREDIT REFERENCES:

1) _____ Telephone: _____

2) _____ Telephone: _____

I _____ (full name)

- i. am an authorised signatory of the Client
- ii. agree to pay this account within seven (7) days of receipt of invoice
- iii. understand that the completion of this application form does not guarantee that a credit account will be opened.
- iv. authorise EQUIP Recruitment to undertake any credit checks it deems necessary.

SIGNED for, and on behalf of the Client:

(signature)

(Full Name)

(Title)

(Date)