

NT Salt Supply Pty Ltd
ABN: 67 004 668 080
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ACCOUNT CREDIT APPLICATION

Full Company/Trading Name: _____

ABN: _____

Business Address: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

Web: _____

Type of Business: _____ Years Established: _____

Sole Trader: _____ Partnership: _____ Company: _____ Other: _____

Accounts Payable Contact Details

Name: _____

Phone: _____ Email: _____

Director/Partner Details

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Business Trade References

Company Name: _____

Address: _____

Phone: _____ Email: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Agreement

1. All invoices are to be paid no later than 30 days from the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise NT Salt Supply Pty Ltd to make inquiries into the banking business/trade references that you have supplied
4. All information provided is true and correct.
5. By signing this application you are accepting and agreeing to our terms listed above

Name: _____ Position: _____

Signature: _____ Date: ____/____/____