



FOCUSED ON PERFORMANCE

Port Air Industrial Estate  
Unit 3B 1A Hale Street  
Botany NSW 2019

T: 61 2 9700 0444  
F: 61 2 9700 0488  
www.atslogistics.com.au

ABN 75 099 583 150

### CREDIT APPLICATION FORM

Company Name: \_\_\_\_\_ ABN /ACN: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Authorising Officer: \_\_\_\_\_ Position: \_\_\_\_\_

Service Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_ Position: \_\_\_\_\_

#### Trade References

1: \_\_\_\_\_ Contact Name & Tel: \_\_\_\_\_

2: \_\_\_\_\_ Contact Name & Tel: \_\_\_\_\_

3: \_\_\_\_\_ Contact Name & Tel: \_\_\_\_\_

We hereby apply for credit accommodation and the below signatory is authorised to sign on behalf of this Company. We have read, understood and hereby accept the entire Standard Terms and Conditions of Contract as stated on the ATS Logistics Website, [www.atslogistics.com.au](http://www.atslogistics.com.au) and below sign as evidence of that acceptance. Unless expressly permitted, we agree services will be paid for within seven (7) days of the date of the invoice received. We acknowledge that if any recovery action is commenced we will be liable for costs and commissions so incurred.

Authorised by (for & on behalf of the Consignor):

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

\_\_\_\_\_ Position: \_\_\_\_\_

ATS Representative: \_\_\_\_\_ Date: \_\_\_\_\_