

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 reverse side of this document and as can be found on the ATS Logistics Website, www.atslogistics.com.au and sign below as evidence of that acceptance. Unless expressly permitted, we agree services will be paid for within seven (7) days of the invoice date. 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: _____

