



Credit Application

Registered Name: _____
Indicate which is applicable, (Pty Ltd, Partnership, Sole Trader)

Trading As: _____

ABN Number: _____

Address: _____ State: _____

Post Code: _____ Phone: _____ Fax: _____

Postal Address: _____ State: _____ Post Code: _____
If different to above

Period in Business: _____ Monthly Credit Limit: \$ _____

Nature of Business: _____

How did you hear about Cambridge Technologies: _____

Trade References:

1) _____ Contact: _____ Phone: _____

2) _____ Contact: _____ Phone : _____

3) _____ Contact: _____ Phone : _____

Name of your Bank: _____

I/We hereby agree to comply with all Cambridge Technologies terms and conditions. Terms are strictly 30 Days from date of Invoice. Where the applicant is a company, the person signing on behalf of the company covenants that he/she is duly authorised on behalf of the applicant to so sign this application form.

Signed: _____ Position: _____

Print Name: _____ Date: _____

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