

REQUEST FOR CREDIT TERMS

TRADING NAME:	
COMPANY NAME (IF DIFFERENT):	
ABN:	
DIRECTORS/PROPRIETORS:	
1.	
2.	
3.	
Address for Deliveries:	
Postal Address:	
Phone Number:	Fax Number:
Email:	
Website:	
TRADE REFERENCES (MUST INCLUDE PHONE NUMBER)	
1.	Phone No.
2.	Phone No.
3.	Phone No.

I/we understand that the information provided above is done so for the purpose of obtaining credit.

I/we provide this information believing it to be correct.

We agree to adhere to all aspects of Rosemont's trading terms which require all payments for invoices to be settled no later than the thirtieth day of the month following invoice.

We also acknowledge that despite any understandings to the contrary, the legal title to all and any goods or services supplied will remain with the seller until payment has been made in full.

SIGNED:

POSITION:

NAME (PRINTED):

DATE:

When completed, kindly fax back to 1300 765 522 or take a pic with your mobile and email to service@rosewall.com.au.