

C&L SALES & SERVICES P/L - CREDIT APPLICATION

fax: 02 96695089 - email: candl@candl.org - web: www.candl.org

Company Name:

Address:

Tel.

Tel.

Fax.

Postal Address:

abn.

Company Website:

Accounts Email 1:

Accounts Email 2:

Business type:

How Long In Business

Purchasing Contact:

Accounts Contact:

Bank/Branch

Monthly Credit Reqd \$

CREDIT REFERENCES *(Note: credit references must be at least equal to credit requested)*

1. Company name

Tel / Fax *(both required)*

2. Company name

Tel / Fax *(both required)*

3. Company name

Tel / Fax *(both required)*

4. Company name

Tel / Fax *(both required)*

**YOUR SIGNATURE BELOW SIGNIFIES YOUR ACCEPTANCE OF OUR TERMS AND CONDITIONS WHICH ARE
READILY AVAILABLE ONLINE AT WWW.CANDL.ORG**

NAME:

DATE:

POSITION:

SIGNATURE