



New Customer Credit Application Form

Full Company Name			
Trading Name			
Business Address		Post Code	
Postal Address		Post Code	
Telephone No		Facsimile No	
Email Address			
Web site			
Business Type			
Entity Type (Sole Proprietor, Company, Partnership or Government):		ABN No	
Date Business Commenced			
I / We hereby request that you open a 30 day Credit Account in my/our name for the supply of NSW Police.			
Name of Directors / Partners		Position	Phone
1			
2			
3			
Banking Details			
Bank Name		Branch	Phone:
Address		Post Code	
BSB No.		Account No.	
Trade References			
1. Company Name			
Address			
Contact Name		Phone:	
2. Company Name			
Address			
Contact Name		Phone:	
3. Company Name			
Address			
Contact Name		Phone:	
Terms & Conditions			
<p>Declaration (to be signed by an authorised person of the Company / Business applying for the credit Application) I hereby state, as an authorised officer of the applicant Company/ Business, that the information provided above is true and accurate. I / We hereby authorise NSW Police Force to make any enquiries as it considers necessary to decide whether to accept this application. I / We understand that my/our signature on this application constitutes acceptance by the applicant of payment terms within 30 days. I / We further accept liability jointly and severally with the applicant debtor, agree to pay any expenses, on a solicitor and client basis, incurred in the collection of monies which become overdue on my account.</p>			
Name of Applicant _____		Name of Witness _____	
Signature of Applicant _____		Signature of Witness _____	
NSW Police Contact Officer/Event Coord. _____ Location _____			

Email your signed completed form to as-accrecvble@police.nsw.gov.au or fax to: 02 8835 9062

NSW Police Force use only			
New Customer Created By:			
Name	_____	Signature	_____
Customer No	_____	Date	_____