

THE CHAMBERS

HOUSE ACCOUNT APPLICATION FORM

COMPANY DETAILS Company Name: **Contact Name:** E-mail: Phone: Commercial Address: City: State: Postcode: Postal Address: City: Postcode: State: In business since: **CREDIT INFORMATION** Bank Bank Bank Location: Phone: Name: **TRADE REFERENCES** Reference 1 Company: Contact: Address: Phone: E-mail: Reference 2 Company: Contact: Address: Phone: E-mail:

AGREEMENT

- 1. All invoices are to be paid on the 7th of the month following the date of the invoice.
- 2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
- 3. By submitting this application, you authorize Rae & Co Pty Ltd t/as The Chambers to make inquiries into the banking and business/trade references that you have supplied.
- 4. All below signed are free to use the house account on behalf of the company applying, thereby making the company liable for any charges against the house account by the below signed.

Signed as an Authorised Representative of the Company:			
(Authorised Representative Signature)	(Authorised Representative Print Name)	(Date)	
Authorised Users of the House Accour	nt on behalf of the Company:		
(Authorised User Signature)	(Authorised Repres	(Authorised Representative Signature)	
(Authorised User Print Name)	(Authorised Repres	entative Print Name)	
(Authorised User Signature)	(Authorised Repres	(Authorised Representative Signature)	
(Authorised User Print Name)	(Authorised Repres	entative Print Name)	
(Authorised User Signature)	(Authorised Repres	sentative Signature)	
(Authorised User Print Name)	(Authorised Repres	(Authorised Representative Print Name)	