

CREDIT APPLICATION

Please return this completed application form to admin@integratedls.com.au

COMPANY INFORMATION	
Trading Name	
Registered Company Name	
Nature of the Business	
Date Business Commenced	
Estimated Monthly Spend	
Company ABN	
Company ACN	
Trading Address	
Postal Address	
Telephone	

DETAILS OF DIRECTORS		
Name	Address	Contact Number

ACCOUNTS INFORMATION	
Accounts Payable Contact	
Accounts Payable Email	
Accounts Payable Phone	
Direct Invoices to	

CREDIT REFERENCE 1	
Company	
Contact Name	
Address	
Telephone	
Email	

CREDIT REFERENCE 2	
Company	
Contact Name	
Address	
Telephone	
Email	

CREDIT REFERENCE 3	
Company	
Contact Name	
Address	
Telephone	
Email	

I, the authorised signatory, understand that by signing this application I declare that I have read and agreed to Integrated Lifting Solutions' Terms and Conditions.

Date of Application	
Full Name of Authorised Person Completing Application	
Signature of Applicant:	