

CREDIT APPLICATION

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

COMPANY INFORMATION	
Trading Name	
Registered Company Name	
Company ABN / ACN	
Trading Address	

KEY CONTACT DETAILS		
Name	Position	Contact Number / Email

ACCOUNTS INFORMATION		
Name		
Email & Phone	Email:	Phone:
Direct Invoices to		

CREDIT REFERENCE 1	
Company Name	
Contact Name	
Contact Email // Number	

CREDIT REFERENCE 2	
Company Name	
Contact Name	
Contact Email // Number	

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	
Name of Authorised Person	
Signature of Applicant:	