



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 | | | |
| 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. | | | |
| 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 CRSREGORG@police.nsw.gov.au

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