



New Customer Credit Application Form

Full Company Name			
Trading Name			
Business Address		Post Code	
Postal Address		Post Code	
Website		Telephone No:	
Billing Contact Name:			
Billing Contact Number:			
Billing Contact Email:			
Entity Type (Sole Proprietor, Company, Partnership or Government):		ABN No	
Date Business Commenced			
I / We request a 30 day credit account be opened in my/our name for the supply of NSW Police Force services.			
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 CRRO@police.nsw.gov.au

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