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ABN 42 090 362 825

CREDIT APPLICATION - BUSINESS

Please complete and return via email, as above. We look forward to hearing from you soon.

Company Name: _____

Trading Name: _____

Delivery Address: _____

Postal Address: _____ Postcode _____

Accounts Contact: _____ Phone: _____ Fax: _____

Accounts Email: _____

Operations Contact: _____ Phone: _____

ABN: _____

Preferred credit limit (please circle): \$500 \$1000 \$5000 \$10,000 other- please specify _____

Trade reference name:

1: _____ Email: _____

2: _____ Email: _____

We require payment within 7 days of delivery for first two deliveries, after which time terms are 14 days after EOM. Overdue accounts incur a 2% fee applied monthly. Please see www.mcardlefreight.com.au for full terms and conditions. Your signature below indicates agreement to these terms and agreement to pay debt collector fees should we require their services for your account.

Name: _____ Position: _____

Signature: _____ Date: _____