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**CREDIT APPLICATION**

**FOR**

**H2O Rx Pty Ltd**

Phone: 0409 784 236  
0421 795 353

Web: [www.h2orx.com.au](http://www.h2orx.com.au)  
Email: [info@h2orx.com.au](mailto:info@h2orx.com.au)

By completing and submitting this form, the applicant and Directors agree to the “Standard Terms & Conditions of Sale”.

These “Standard Terms & Conditions of Sale” apply unless a specific alternate has been negotiated and agreed.

The “Standard Terms & Conditions of Sale” are available on our web site.

Note that the “Standard Terms & Conditions of Sale” are updated from time to time.

It would be appreciated if this form is completed electronically and emailed to [info@h2orx.com.au](mailto:info@h2orx.com.au).

**APPLICANT DETAILS**

Trading Name:			
Legal Business Name:			
ABN:			
Postal Address:			
Postal City:			
Postal State:		Post Code:	
Office Address:			
Office City:			
Office State:		Office Post Code:	
Office Country:			
Telephone:		Fax:	
Web Page:		Email:	
Year Established:			
Nature of Business:			

## ACCOUNTING & PURCHASING

### Purchasing Contact

First Name:		Last Name:	
Direct Telephone:		Direct Email:	

### Accounts Payable Contact

First Name:		Last Name:	
Direct Telephone:		Direct Email:	

### Banking

Bank Name:			
Account Name:			
BSB:		Account Number:	

## REQUESTED CREDIT

Indicate the credit limit that you require. Please consider our "Standard Terms & Conditions of Sale".

Credit Limit (AUD):		Per month
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## DELIVERIES

### Delivery Address

Please nominate your *usual* deliveries address. Other delivery addresses can be included on individual purchase orders.

First Name:		Last Name:	
Telephone:		Email:	
Delivery Address:			
Delivery City:			
Delivery State:		Delivery Post Code:	
Delivery Country:			

### Freight

Please nominate your preferred freight details. If left blank, we will send via our account and charge cost plus a small administrative charge.

Freight Company:			
Booking Telephone:		Service Required:	
Account Name:		Account Number:	

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**TRADE REFERENCES**
**Reference #1**

<b>Company:</b>			
<b>Accounts Receivable</b>			
First Name:		Last Name:	
Direct Telephone:		Direct Email:	

**Reference #2**

<b>Company:</b>			
<b>Accounts Receivable</b>			
First Name:		Last Name:	
Direct Telephone:		Direct Email:	

**Reference #3**

<b>Company:</b>			
<b>Accounts Receivable</b>			
First Name:		Last Name:	
Direct Telephone:		Direct Email:	

## DIRECTORS

Provide Directors details below:

### Director #1

First Name:		Last Name:	
Direct Telephone:		Direct Email:	
Role in Business:			
Signature:		Date:	

### Director #2

First Name:		Last Name:	
Direct Telephone:		Direct Email:	
Role in Business:			
Signature:		Date:	

### Director #3

First Name:		Last Name:	
Direct Telephone:		Direct Email:	
Role in Business:			
Signature:		Date:	

## SUBMIT

Please submit electronically directly as email to [info@h2orx.com.au](mailto:info@h2orx.com.au).

Alternatively, scan and email to: [info@h2orx.com.au](mailto:info@h2orx.com.au)



**OFFICE USE ONLY**

Comments:			
Discount Level:			
Approved (Y/N):		Approved Limit (per month) AUD:	
Approved By:		Date:	

A Number	S Number	P Number	E Number	C Number