

- Unit 12, 13 Runway Drive, Marcoola, Qld, 4564
- PO Box 7181, Sippy Downs, Qld, 4556
- **① (07) 5450 7086**
- **4** (07) 5450 7092
- accounts@constar.com.au / info@constar.com.au

APPLICATION FOR CREDIT

Trading Name:						
Company Name (if a						
A.B.N or Business Registration:						
Postal Address:						
Delivery Address:						
Phone:						
Fax:						
Email:						
Contact for Accounts:						
Position:						
Contact for Purchases:						
Position:						
Terms:		30 days from invoice date				
Name and addresses of Directors/Partner/Sole Trader						
Given Name Surname			Address			
Trade References						
Name of Supplier		Suburb		Contact Name	Telephone	
I/We understand goods sold to us must be paid for within thirty (30) days from invoice date in which we are invoiced.						
Signature of Authorised Person			Position Held by Signatory			
Name in Block Letters		Date				

Manufacturer & Distributor of Disposable Medical & Laboratory Supplies

