

# ALLSONS

## TRANSPORT PTY. LTD.

A.C.N. 003 284 240 A.B.N. 89 003 284 240

POSTAL:- P.O. BOX 255 PLYMPTON SA 5038

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CAVAN S.A. 5094  
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☎ 08 8349 6677  
📠 08 8349 8683

### CREDIT APPLICATION.

#### APPLICANT OF TRADING COMPANY NAME:

.....  
Business Address: .....  
Delivery Address.....  
Phone No. .... Facsimile No. ....  
ACN No. .... ABN No. ....  
Email .....

#### CREDIT REFERENCES.

1. Business name:..... Ph: ..... Fax: .....  
2. Business name:..... Ph: ..... Fax: .....  
3. Business name:..... Ph: ..... Fax: .....

#### BANK REFERENCE.

Bank: ..... Branch: ..... Ph: .....

#### TRADING STYLE – Please indicate with a tick.

- 1. Incorporated Company a) Public  b) Private
- 2. Partnership
- 3. Sole Trader
- 4. Government Body
- 5. Registered Business Name

#### NAME & ADDRESS OF EACH DIRECTOR OR EACH PARTNER.

1. Name: ..... Address: .....  
2. Name: ..... Address: .....

#### MONTHLY CREDIT REQUEST - \$ .....

#### BUSINESS PREMISES – Please indicate with a tick.

Owned  Leased  or Rented   
If leased or rented – Name of Agent & Contact Number:  
Name: ..... Phone: .....

**ALLSONS** TRANSPORT P/L.

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PO BOX 255,  
PLYMPTON SA  
5038

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I ..... of .....  
Hereby apply for a credit account with Allsons Transport Pty Ltd and I as an authorised person/officer having read the Terms of Trade agree to accept those conditions and I agree to indemnify Allsons Transport P/L for all costs, charges and expenses including legal costs incurred by reason of any default on my part, regarding failure to pay and amounts due. Any credit claims will not be recognised unless received by Allsons Transport P/L in writing within 14 days of invoice date. If payment is not received by the due date, an overdue fee of \$15 per overdue invoice may be charged and will be payable. Interest at the rate of 15% per annum will be calculated daily on and from the date the said amount was due for payment until payment in full is received.

**SIGNATURE OF AUTHORISED APPLICANT** .....

**TITLE:** .....Date \_\_/\_\_/\_\_

**FOR OFFICE USE ONLY.**

**AUTHORISED BY:** .....Date \_\_/\_\_/\_\_

**DEBTOR ACCOUNT NUMBER** .....

**C.O.D**  **7 DAYS**  **14 DAYS**  **30 DAYS** - Please indicate with a tick.