APPLICATION FORM

CONTACT INFORMATION	
YOUR NAME & TITLE	EMAIL
PHONE	

BUSINESS INFORMATION AS REGISTERED		
COMPANY NAME		
ADDRESS	PHONE	
CITY	STATE	POST CODE
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS		
ABN | ACN		
TYPE OF BUSINESS : SOLE PROPRIETORSHIP | PARTNERSHIP | TRUST | COMPANY | OTHER		

BANK		
BANK NAME	CONTACT NAME	
ADDRES	PHONE	
CITY	STATE	POST CODE
TYPE OF	ACCOUNT NUMBER	

PLEASE LIST SITE ADDRESSES:

LOCATION	SITE MANAGER NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	POST CODE
IS THERE ANOTHER ENTRY ADDRESS		

CREDIT AGREEMENT

1. BOSS METAL GROUP will confirm payment terms in writing your account is approved. All invoices are to be paid within the specified payment terms
2. Any claims regarding an invoice issued must be made within 7 days of the date issued
3. By submitting this application, you authorise BOSS to make inquiries into the business/trade references that you have supplied
4. I have read, understood, and agreed to these terms, and agree to notify BOSS, in writing via certified mail, of any material change in name, ownership, location or corporate status within 5 days of such change. Any change to the Guarantors details must be immediately notified to BOSS in writing.

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ACCEPTANCE OF TERMS	
We warrant we have authority to sign and act for and bind the Customer. We also agree that any credit facility extended by BOSS in accordance with this Application is subject to the attached Guarantee and Indemnity.	
1 | SIGNATURE	TITLE
NAME	DATE
DATE OF BIRTH	LICENCE NO

2 | SIGNATURE	TITLE
NAME	DATE
DATE OF BIRTH	LICENCE NO

BOSS METAL GROUP