

**APPLICATION FOR CREDIT**

Company Name: \_\_\_\_\_  
Trading as: \_\_\_\_\_  
ABN: \_\_\_\_\_  
ACN: \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_

**Accounts Payable Contact Details**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Please specify how you would like your invoices and statements to be sent:

Post                       E-mail                       Both

Names and addresses of three trade business references that can support your credit application:

**Name / Address / Phone**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Approximate amount of monthly credit required: \_\_\_\_\_

Terms and Conditions:

Legal and Equitable Property of these goods shall not pass to the buyer until full payment has been received.

**PERTH**

ABN: 31 726506590  
Phone: (08) 6279 0900 Fax: (08) 62790950  
10 Elmsfield Road  
Midvale, WA 6056

**KALGOORLIE**

Phone: (08) 90218399 Fax: (08) 9021 6901  
10 Broadwood Street, West Kalgoorlie  
WA 6433

Terms: 14 days from invoice

Rapallo reserve the right to increase the schedule of rates on 1st January and 1st July of each year.

We reserve the right to charge interest of 8% p.a if this account is not settled by the due date.

---

**Authorised Signature**

---

**Title**

---

**Name**

---

**Date**

**PERTH**

ABN: 31 726506590  
Phone: (08) 6279 0900 Fax: (08) 62790950  
10 Elmsfield Road  
Midvale, WA 6056

**KALGOORLIE**

Phone: (08) 90218399 Fax: (08) 9021 6901  
10 Broadwood Street, West Kalgoorlie  
WA 6433