

Credit Limit Increase Application

Please Tick: Company Partnership Sole Trader Trust

Full Legal Name: _____ ACN: _____

Trading Name: _____ ABN: _____

Address for first contact: _____

Telephone for first contact: _____ Email for first contact: _____

Address for Accounts _____

Accounts Contact Phone _____ Accounts Email: _____

Trust Name (if applicable) _____ Trust ABN (if applicable) _____

Date Existing Credit Application was Approved: _____

Existing Monthly Credit Limit _____

Requested Monthly Credit Limit Increase _____

This Document must be signed by each Director, Partner or Sole trader whose details appear on the Initial Credit Application Document.

Directors / Proprietors Name in full *Sign and Date*

Directors / Proprietors Name in full *Sign and Date*

Directors / Proprietors Name in full *Sign and Date*

Office Use Only

Please Tick: Approved Declined

New Credit Limit _____

Reason _____

Customer Notified By _____ On (Date) _____

Approved by _____ Entered into the system by _____

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