



To be completed and signed by Customer/Applicant

Section 1 – Customer Information

Company/Name	_____		
Trading or Business Name	_____		
Address (Line 1)	_____		
Address (Line 2)	_____		
Suburb	State	Postcode	_____
Phone Number	Fax Number	_____	
Email	_____		
Mailing Address (if different)	_____		
Address (Line 1)	_____		
Address (Line 2)	_____		
Suburb	State	Postcode	_____
Type of business			
<input type="checkbox"/> Company	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Partnership/Sole Trader	<input type="checkbox"/> Individual		
ACN (for Company) _____	ABN _____		
<i>Must be supplied except for individuals</i>			
Principal owner or officers of organisation			
Full Name: _____	Position: _____		
Full Name: _____	Position: _____		
Period of Time in Business - Years: _____			
Contact regarding financial matters			
Full Name: _____	Position: _____		
Phone: _____	Fax: _____		
Email: _____			
Banking References			
Bank:	Account No	Address	Contact Person
_____	_____	_____	_____
Trade References			
Name	Address	Monthly Purchase \$	
1 _____	_____	_____	
2 _____	_____	_____	
3 _____	_____	_____	

Section 2 – Declaration

In relation to this Application for Credit submitted to The University of Western Australia and to the extent that any credit be approved with this Application, the applicant having the authority to act on behalf of his/her organisation hereby acknowledges and agrees that, subject always to the provisions of the Privacy Act 1988, that The University of Western Australia may obtain from or provide to a credit reporting agency, another credit provider or other authorised party, a report containing personal information or personal consumer credit information of the type permitted by Law and may use such information for any purpose allowed by the Law including exchanging same with another credit agency for the purpose of assessing the Applicant's credit worthiness or any application for credit or commercial credit lodged by the Applicant.

I hereby certify the above information to be correct and is supplied on my behalf or on behalf of the organisation named above intending that The University of Western Australia shall rely on it in considering this application for credit in respect of goods or services to be supplied on 14 day terms or as outlined in special "terms and conditions of sale" entered into specifically with the applicant.

Name/Position		Signature	
Date		Witness (Signature)	

For Completion by UWA Financial Services			
Customer ID CST	_____	Checked by	_____
		Date	_____