

SECTION A – TO BE COMPLETED BY ALL CLIENTS

Company/Business Name:	ACN/Comp No:
Trading Name:	ABN/NZBN
Postal Address: (for Accounts)	
	Post Code
Business Address:	
	Post Code
Contact Name:	
Email Address:	
Phone No:	()
Fax No:	()
Mobile No:	
Signature of Applicant	Date

SECTION B – ONLY TO BE COMPLETED IF APPLYING FOR A 30 DAY PAYMENT ACCOUNT

Contact Name:	
Position:	
Email Address:	
Phone No:	()
Fax No:	()
Company Website:	
Nature of Business:	
Date of Incorporation:	
Parent Company (if any):	
Previous Business Name/s (if any):	

Invoice / Statement (Accounts Payable Department)

Contact Name for Invoices:	Phone No: ()
Email Address for Invoices:	
Contact Name for Statements:	Phone No: ()
Email Address for Statements:	

Name of Bank:	
Branch:	
Bank Manager:	
Phone:	()
Length of time with current bank:	

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Last modified by: H. Le	Approved by: M. Macgeorge	Page 1 of 2
Editorial Committee: M. MacGeorge, S. Gould, O. Mehmet, E. Don Paul, A. Kanthasamy, H. Le, T. Lakeland		Next required review date: 29 July 2022

SECTION B CONTINUED - Credit Referees

1. Contact Name: _____
 Company: _____
 Phone No: () _____ Email: _____

2. Contact Name: _____
 Company: _____
 Phone No: () _____ Email: _____

3. Contact Name: _____
 Company: _____
 Phone No: () _____ Email: _____

Maximum credit required: \$ _____ (Amounts payable within 30 days from invoice date)

Is the applicant a trustee for any trust? Yes No

Name of Director/s or Proprietor/s

1. _____
 2. _____
 3. _____

Declaration

I hereby authorise Eurofins | Environment Testing to investigate the references pertinent to my credit worthiness. I agree to abide by the terms and conditions of Eurofins | Environment Testing (attached). I agree to pay all reasonable collection and legal fees in the event such actions are deemed necessary by Eurofins | Environment Testing.

Signature of Applicant: _____ Date: _____
 Name (please print): _____
 Title: _____
 Company: _____

Please Return This Completed Form (2 pages) to the ACCOUNTS DEPARTMENT:

Main Telephone: +61 3 8564 5000 Facsimile: +61 3 8564 5090
 Email: MelanieMacgeorge@eurofins.com Direct: + 61 3 8564 5012

ACCOUNT APPROVAL PROCESS

When applying for a 30 Day credit application once all referees have been contacted, if your account is approved you will receive a notification email stating this account is ready for use.

An ASM (Client Services) will be assigned for any subsequent enquiries or contact our reception on

+61 3 8564 5000 for further assistance.

A copy of Eurofins | Environment Testing Standard Terms and Conditions is available on request.

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