



Natural Power Solutions Pty Ltd

CREDIT APPLICATION

COMPANY NAME: _____
ABN NUMBER: _____
TRADING AS: _____
POSTAL ADDRESS: _____
TELEPHONE: _____ FAX: _____
DELIVERY ADDRESS: _____
EMAIL ADDRESS: _____

Names and Addresses of Principal Directors/Executive Officers

1. FULL NAME: _____
ADDRESS: _____
2. FULL NAME: _____
ADDRESS: _____
3. FULL NAME: _____
ADDRESS: _____

TERMS SOUGHT: _____ Days
NO. YEARS IN BUSINESS: _____
Name of person to be contacted on credit matters: _____
Type of Business: _____

Trade References (Major Representative accounts please)

1. FULL NAME: _____
TELEPHONE: _____ FAX: _____
2. FULL NAME: _____
TELEPHONE: _____ FAX: _____
3. FULL NAME: _____
TELEPHONE: _____ FAX: _____

I/We understand that title of goods supplied to the above mentioned company does not pass until payment is received in full.

I, _____ certify that I am authorized to sign this Credit Application form on behalf of _____ that the information given is true and correct to the best of my knowledge.

SIGNATURE: _____
POSITION: _____ DATE: _____

Table with 5 columns: NPS Head Office NSW, NPS VIC, NPS QLD, NPS WA / NT, NPS SA. Rows include contact details like ABN, address, phone, fax, and email for each office.