

# Application for Credit Authority for the provision of messenger services



A Division of Messenger Services Limited

Please print in block letters - to be completed in full

### Billing Details

Full Company Name \_\_\_\_\_  
Postal Address \_\_\_\_\_ Suburb \_\_\_\_\_

### Pick-Up Address Details

Physical Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Special Instructions \_\_\_\_\_

### Contact Details

Despatch \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_  
A/C Payable \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_  
Executive \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_

### Invoicing

We encourage our Customers to receive their invoices electronically, are you interested? Yes No  
If yes, please provide Accounts email address: \_\_\_\_\_  
If you have chosen yes, you will not receive an invoice in the post

### Company Details

Directors/Managers/Principals \_\_\_\_\_  
Business Type \_\_\_\_\_ Year Commenced \_\_\_\_\_  
Bank and Branch \_\_\_\_\_

Please supply 3 Credit References (not Banks)

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

**Terms of Trade:** Messenger Services Limited's terms of trade are: payment on the 20th of the month following the period of provision of services. If payment is not made in accordance with the above terms, then a charge may be imposed. All costs incurred in recovering outstanding monies due, shall be at the customers expense.

**Privacy Act 1993 – Authorisation:** "I/we authorise any person or company to provide you with such information as you may require in response to your credit and/or enquiries. I/we further authorise you to furnish to any third party details of this application and any subsequent dealings that I/we may have with you as a result of this application being actioned by you and in relation to any account I/we may have with you".

**Conditions of Carriage:** Please ensure you have familiarised yourself with these. I/we accept the Terms of Trade and Conditions of Carriage.

Authorised Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

### BRANCH OFFICE USE ONLY

To be completed in full

Client Code 

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 Branch \_\_\_\_\_

Credit Approval is by Branch Credit Controller: Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE	Base		Neg
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