



Coventry Group Ltd

ABN 37 008 670 102

235 Settlement Road, Thomastown VIC 3074

creditservices@cgl.com.au

COMMERCIAL CREDIT APPLICATION STRICTLY CONFIDENTIAL

Please indicate which division of Coventry Group Ltd you require an account with



PLEASE READ THIS APPLICATION, THE NOTES AND THE TERMS AND CONDITIONS CAREFULLY
NB: IT IS IMPORTANT THAT ALL INFORMATION IS SUPPLIED, AS AN INCOMPLETE APPLICATION MAY DELAY A DECISION

LOCAL BRANCH: _____ CONTACT REPRESENTATIVE: _____

SOLE TRADER OR PARTNERSHIP

Applicant Name: _____
Registered Trading Name (if applicable): _____ ABN: _____
Business Address: _____
Delivery Address: _____ Post Code: _____
Email Address: _____ Telephone: _____
Fax No.: _____ Mobile: _____

PROPRIETORS

Surname	Given Name(s)	Residential Address	DOB	Driver's Lic No.
1.				
2.				
3.				
4.				

REGISTERED COMPANY

Company Name: _____
Trading as (if applicable): _____ ABN: _____
Registered Address: _____ ACN: _____
Delivery Address: _____
Postal Address: _____ Post Code: _____
Email Address: _____ Telephone: _____
Fax No.: _____ Mobile: _____

DIRECTORS

Surname	Given Name(s)	Residential Address	DOB	Driver's Lic No.
1.				
2.				
3.				
4.				

HAVE ANY OF THE PROPRIETORS/DIRECTORS REFERRED TO ABOVE:

(i) Had any of its property or assets attached as a result of a court order, or had winding up proceedings instituted against it or them, or entered into bankruptcy? **YES / NO**

(ii) Been refused credit, either individually or as a Partnership/Director or shareholder of a company? **YES / NO**

LAND OWNED BY PROPRIETORS/DIRECTORS AND COMPANY:

Proprietors/Directors or Company Name	Property Address	Current Value	Mortgages & / or Encumbrance
1.		\$	\$
2.		\$	\$
3.		\$	\$

TRUST AND TRUSTEE DETAILS (If Applicable)

Does the Applicant or Directors act as a Trustee for a Trust? If so, please complete the details below:

(i) Name of Trustee _____
(ii) Name of Trust _____
(iii) Type of Trust _____ ABN: _____

ACCOUNTS PAYABLE

Please nominate a person who will be available for account queries / contact:

Name: _____ Phone No.: _____

Invoices and Statements will be delivered electronically.

Please specify the email address you wish for these documents to be sent to:

Email: _____

Do you quote a Purchase Order? YES NO

Do you require a or PRICED or UNPRICED invoice delivered with the goods?

ANTICIPATED MONTHLY CREDIT LIMIT REQUIRED FROM COVENTRY GROUP LTD

Monthly credit required: \$ _____

SALES

Email address for sales contact: _____

PRIVACY AUTHORITY

Where Goods and/or Services are supplied to the Customer on credit the Customer irrevocably authorises Coventry Group Ltd, its employees and agents to make such enquiries as it deems necessary to investigate the credit worthiness of the Customer from time to time including (but without limiting the generality of the foregoing) the making of enquiries of persons nominated as trade referees, the bankers of the Customer or any other credit providers (the information sources) and the Customer hereby authorises the information sources to disclose to Coventry Group Ltd such information concerning the Customer which is within their possession and which is requested by Coventry Group Ltd.

SIGNED BY ALL SOLE TRADERS / PARTNER(S) / DIRECTORS (AS APPLICABLE)

THIS _____ **DAY OF** _____ **20** _____

I/we declared that the information given above is correct and I/we hereby apply for credit facilities for the purpose of goods and services from Coventry Group Ltd. I/we further declare that we have read the Terms and Conditions of Quotation and Sale and Terms and Conditions of Credit and hereby agree that all purchases will be governed by those terms and conditions.

If Sole Trader / Partnership

Applicant Signature: _____ Applicant Signature: _____

Applicant / Individual Name: _____ Applicant / Individual Name: _____

If a Company

Executed by: _____

In accordance with Section 127(1) of the Corporations Act 2001

Director Signature: _____ Director / Secretary Signature: _____

Director Name: _____ Director / Secretary Name: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Email: creditservices@cgl.com.au OR Fax: 02 8023 1584

Post: Coventry Group Ltd
Credit Services
PO Box 1414
Eagle Farm, 4009

FOR ALL NEW ACCOUNT QUERIES PLEASE CONTACT:

CGL CREDIT SERVICES ON 1300 268 288
or Email: creditservices@cgl.com.au

INTERNAL USE

Rep Code: _____ Branch Name: _____

Freight: _____ Pricing Category: _____ Comment: _____