



Ausplant Nursery



CREDIT APPLICATION

TRADING NAME:

_____ A.B.N. :

OWNERS NAME/S:
(in full)

OWNERS ADDRESS/ES:

BUSINESS ADDRESS:
(postal)

BUSINESS ADDRESS:
(location)

PHONE: **FAX:**

EMAIL ADDRESS:

BANK: **BRANCH:**

THREE CURRENT CREDIT REFERENCES:

1. 2. 3.

.....

.....

PHONE:.....

SIGNED: **DATE:** / /

PLEASE COMPLETE AND RETURN TO: AUSPLANT NURSERY
FAX: 07 4662 5611
P.O. BOX 766,
DALBY. 4405