



Sharpe Engineering (Roma) Pty. Ltd. ABN 62 169 791 904
 Sharpe Engineering (Tubular Services) Pty. Ltd. ABN 26 115 746 015
 Sharpe Engineering (Drilling Tools) Pty. Ltd. ABN 92 115 745 992
 Sharpe Engineering (Completion Services) Pty. Ltd. ABN 37 166 879 474
 Sharpe Engineering (Chinchilla) Pty. Ltd. ABN 21 099 624 601
 Sharpe Engineering (Brisbane) Pty. Ltd. ABN 11 135 018 272



Cert. No. 603855



5CT-15
7-1-1085



Cert. No. Q1-1410



Cert. No. 1585

P + 61 7 4622 5656 F + 61 7 4622 5646

78 - 86 Duke Street, PO Box 916 Roma, QLD 4455 • enquiries@sharpeengineering.com.au

CREDIT APPLICATION FORM

A. ACCOUNT TYPE

Public Company Private Company Sole Trader Partnership
 Type of Business: _____ Established For: _____ Years _____ Months

B. ACCOUNT DETAILS

Trading Name (Account Name): _____
 Company Name: _____ ABN: _____
 Postal Address: _____
 Delivery Address: _____
 Telephone: _____ Fax: _____ Email: _____
 Accounts Payable Contact Name: _____ Email: _____

C. PARTNERS/DIRECTORS

	Surname:	Given Names:	Title:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

	Residential Address:	Private Telephone:
1.	_____	_____
2.	_____	_____
3.	_____	_____

D. BANK

Account Name: _____ Bank: _____
 Branch: _____ Account No.: _____ BSB No.: _____

E. TRADE REFERENCES

	Name:	Email:	Length of Time Account Held For:	Est. Monthly Purchases:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

F. CREDIT CONDITIONS

- Trading terms are fifteen (15) days from date of Tax Invoice.
- Retention of title to the goods will remain with SHARPE ENGINEERING and shall not pass to the buyer until the goods are paid in full by the buyer.
- The director/s and/or the proprietor/s authorize SHARPE ENGINEERING to carry out the necessary credit checks and searches on the company and/or its principal/s prior to granting credit.
- We agree to the terms and conditions above and certify that the information stated on this application, is true and correct.

Name of Authorised Person: _____ Signature of Authorised Person: _____
 Title/Position: _____ Date: _____
 For and on Behalf of: _____ Credit Limit Requested: _____

OFFICE USE ONLY

References Checked By: _____ Approved By: _____