



CREDIT APPLICATION FORM

Please complete all sections and read the Terms and Conditions of Trade over the page or attached.

Date: _____ Reference Number: _____

Clients Trading Name: _____

Clients Legal Name: _____

Phone: _____ Email: _____

Mobile: _____ Postal Address: _____

Physical Address: _____

_____ Postcode: _____ Postcode: _____

Commercial Clients: Sole Trader Partnership Company Trust

Company Number: _____ Date Established: _____

Contact 1: _____ Contact 2: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

Details of: Owner (If Sole Trader) Partners (If Partnership) Directors (If Company) Trustees (If a Trust)

Full Name: _____ Full Name: _____

Home Address: _____ Home Address: _____

ID: _____ Date of Birth: _____ ID: _____ Date of Birth: _____

(Driver Licence, Passport, Birth Certificate) (Driver Licence, Passport, Birth Certificate)

Home Phone: _____ Home Phone: _____

Trade References:

Business Name: _____ Address or Account Number: _____

Phone: _____ Email: _____

Business Name: _____ Address or Account Number: _____

Phone: _____ Email: _____

Business Name: _____ Address or Account Number: _____

Phone: _____ Email: _____

You certify that all information supplied is true and accurate and that you are authorised to make this application for credit. You have read and understand the Terms and Conditions of Trade (over the page or attached) of IC Scaffolding which form part of, and are to be read in conjunction with this Credit Application Form. You agree to be bound by the Terms and Conditions (over the page or attached) of IC Scaffolding and authorise the use of your personal information as detailed in the Privacy Act 2020 clause.

Signed (Client): _____ Date: _____ Signed (Witness): _____ Date: _____

Full Name: _____ Full Name: _____

Position: _____ Address: _____

Date of Birth: _____ Drivers License No: _____ Post Code: _____ Drivers License No: _____

Signed (Contractor): _____ Name: _____ Date: _____