

CASH ON DELIVERY - ACCOUNT APPLICATION

Sole Trader Partnership Company Trust

Company/Customer Name			
Trading Name			
ABN		ACN	
Type of Business			
Year commenced Trading			

GENERAL INFORMATION

Contact			
Telephone Number			
Email			
Postal Address		Suburb	
State		Post Code	
Street Address		Suburb	
State		Post Code	
Bank		Branch	

INVOICING INFORMATION

(Please complete this section if you require your invoices to be sent to an alternate location than above)

Contact for Invoices			
Telephone Number			
Email			
Postal Address		Suburb	
State		Post Code	

Any items not properly completed may delay the processing of this application

PRIVACY CONSENT AND ACKNOWLEDGEMENT BY APPLICANT

This application form contains information of a private and confidential matter. By signing this application Coffey Testing Pty Ltd is being authorised to conduct any credit/ reference checks to satisfy itself and make a judgement in consideration of this application for credit.

The undersigned hereby agrees that should a C.O.D account be opened, results for works completed will not be released until payment has been made. In the event of default in the payment of any amount due, and if such account is submitted to a collection agency, any costs incurred in the recovery of this account including, all legal costs, commission, and any other incidentals will be added on to the amount outstanding.

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Payment terms are strictly Cash On Delivery (C.O.D)

**We accept payment by VISA, Mastercard and Direct Debit*

The undersigned hereby acknowledges the detail contained above and agrees to the terms and terms of payment detailed in this application for credit.

The undersigned hereby acknowledges the detail contained above and agrees Coffey Testing's terms and conditions which can be found at:

<https://coffeytesting.com.au/credit-application-terms-and-conditions/>

Company/ Customer Name _____
Authorised Person _____
Signature _____ Date _____

In the Presence of	
Full Name _____	_____
(Please print)	Witness Signature

Please return your completed Credit Application to ar@coffeytesting.com

OFFICE USE ONLY

Lab Requesting	
Actioned By	
Date	
Application Approved	
Qestlab Reference	
MYOB Reference	

Initial Here
