

## 30 DAYS CLIENT CREDIT APPLICATION FORM

### Business contact information

Contact name:			
Phone:	Fax:	E-mail:	
Address:			
City:	State:	Postcode:	
In business since:			
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>

### Business and credit information

Postal address:			
City:	State:	Postcode:	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	Postcode:	

### Business/trade references

<b>Company name:</b>		<b>Company name:</b>	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

<b>Company name:</b>		<b>Company name:</b>	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

### Agreement

1. All invoices are to be paid on 15th of the month following the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorize MOKAL GROUP CORP. to make inquiries into any business or references if the invoice is due for over 60 days from the date of invoice

### Signatures

Title:	Title:
Date:	Date:

**Please note** that this is a guide only and should neither replace competent advice, nor be taken, or relied upon, as financial or professional advice. Seek professional advice before making any decision that could affect your business.