

## **Credit Application Form**

Business and credit information							
Business Name:							
Trading Name:							
ABN/ACN:							
Postal address:							
City:		Sta	State: Postcode:				
Contact Name:							
Invoice Contact							
Name:			Ph:				
Email:							
Business Information							
In Business Since:							
Approx Annual Turnover:	Approx Annual Turnover:						
ASX Listed company: □	Sole Trader: □		Partnership:	0	ther:□ state:		
Directors/Partner/Trust/Sole Trader							
Name 1:							
Email address:							
Phone:			Signature				
Name 2:							
Email address:							
Phone:			Signature				
Name 3:							
Email address:							
Phone:			Signature				
Business/Trade References:							
Company Name 1:							
Contact Name:							
Address:							
Phone:			Email:				
Company Name 2:							
Contact Name:							
Address:							
Phone:			Email:				
Company Name 3:							
Contact Name							
Address:							
Phone:			Email:				



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## Agreement:

- 1. All invoices must be paid within 30 days from the date of issue.
- 2. LabWest may withhold results where payments are outstanding, including breach of agreed credit limits.
- 3. Unless otherwise provided by mutual agreement, the customer shall have thirty (30) days from the date of reporting to accept all results as full and final. After this period no further warranty, claim or request for modification is valid.
- 4. By submitting this application, you authorise LabWest Minerals Analysis Pty Ltd (or its delegate) to make inquiries into the banking and business/trade references.
- 5. All submissions >500 samples will be required to submit a credit application after 1<sup>st</sup> January, 2024.

## **Applicant Declaration**

The applicant and the signatory to this application acknowledges that the information provided in this application is true and correct and will be relied upon by LabWest Minerals Analysis Pty Ltd to determine whether to grant the Applicant credit. The Signatory acknowledges they have full authority to complete this application on behalf of the applicant.

Signature of Authorised Person:	
Full Name:	
Position:	
Mobile Phone:	_ Date:
Email:	
Office Use Only	
ASX Code:	Credit checked:
Approved: ☐ Rejected: ☐	
Date: Initial:	