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**CREDIT APPLICATION**

**FOR**

**Chemical System Consulting**

PO Box 748  
Lane Cove NSW 1595

Phone: [0421 795 353](tel:0421795353)

Web: [www.h2orx.com.au](http://www.h2orx.com.au)  
Email: [info@h2orx.com.au](mailto:info@h2orx.com.au)

AND

**H2O Rx**

PO Box 748  
Lane Cove NSW 1595

Phone: [0409 784 236](tel:0409784236)

Web: [www.h2orx.com.au](http://www.h2orx.com.au)  
Email: [info@h2orx.com.au](mailto:info@h2orx.com.au)

By completing and submitting this form, the applicant and Directors agree to the “Standard Terms & Conditions of Sale”.

These “Standard Terms & Conditions of Sale” apply unless a specific alternate has been negotiated and agreed.

The “Standard Terms & Conditions of Sale” are available on our web site.

Note that the “Standard Terms & Conditions of Sale” are updated from time to time.

It would be appreciated if this form is completed electronically and emailed to [info@h2orx.com.au](mailto:info@h2orx.com.au).



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## APPLICANT DETAILS

|                      |  |                   |  |
|----------------------|--|-------------------|--|
| Trading Name:        |  |                   |  |
| Legal Business Name: |  |                   |  |
| ABN:                 |  |                   |  |
| Postal Address:      |  |                   |  |
| Postal City:         |  |                   |  |
| Postal State:        |  | Post Code:        |  |
| Office Address:      |  |                   |  |
| Office City:         |  |                   |  |
| Office State:        |  | Office Post Code: |  |
| Office Country:      |  |                   |  |
| Telephone:           |  | Fax:              |  |
| Web Page:            |  | Email:            |  |
| Year Established:    |  |                   |  |
| Nature of Business:  |  |                   |  |



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## ACCOUNTING & PURCHASING

### Purchasing Contact

|                   |  |               |  |
|-------------------|--|---------------|--|
| First Name:       |  | Last Name:    |  |
| Direct Telephone: |  | Direct Email: |  |

### Accounts Payable Contact

|                   |  |               |  |
|-------------------|--|---------------|--|
| First Name:       |  | Last Name:    |  |
| Direct Telephone: |  | Direct Email: |  |

### Banking

|               |  |                 |  |
|---------------|--|-----------------|--|
| Bank Name:    |  |                 |  |
| Account Name: |  |                 |  |
| BSB:          |  | Account Number: |  |

## REQUESTED CREDIT

Indicate the credit limit that you require. Please consider our "Standard Terms & Conditions of Sale".

|                     |  |           |
|---------------------|--|-----------|
| Credit Limit (AUD): |  | Per month |
|---------------------|--|-----------|



## DELIVERIES

### Delivery Address

Please nominate your *usual* deliveries address. Other delivery addresses can be included on individual purchase orders.

|                   |  |                     |  |
|-------------------|--|---------------------|--|
| First Name:       |  | Last Name:          |  |
| Telephone:        |  | Email:              |  |
| Delivery Address: |  |                     |  |
| Delivery City:    |  |                     |  |
| Delivery State:   |  | Delivery Post Code: |  |
| Delivery Country: |  |                     |  |

### Freight

Please nominate your preferred freight details. If left blank, we will send via our account and charge cost plus a small administrative charge.

|                    |  |                   |  |
|--------------------|--|-------------------|--|
| Freight Company:   |  |                   |  |
| Booking Telephone: |  | Service Required: |  |
| Account Name:      |  | Account Number:   |  |



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## TRADE REFERENCES

### Reference #1

|                         |  |               |  |
|-------------------------|--|---------------|--|
| <b>Company:</b>         |  |               |  |
| <b>Accounts Payable</b> |  |               |  |
| First Name:             |  | Last Name:    |  |
| Direct Telephone:       |  | Direct Email: |  |

### Reference #2

|                         |  |               |  |
|-------------------------|--|---------------|--|
| <b>Company:</b>         |  |               |  |
| <b>Accounts Payable</b> |  |               |  |
| First Name:             |  | Last Name:    |  |
| Direct Telephone:       |  | Direct Email: |  |

### Reference #3

|                         |  |               |  |
|-------------------------|--|---------------|--|
| <b>Company:</b>         |  |               |  |
| <b>Accounts Payable</b> |  |               |  |
| First Name:             |  | Last Name:    |  |
| Direct Telephone:       |  | Direct Email: |  |



## DIRECTORS

Provide Directors details below:

### Director #1

|                   |  |               |  |
|-------------------|--|---------------|--|
| First Name:       |  | Last Name:    |  |
| Direct Telephone: |  | Direct Email: |  |
| Role in Business: |  |               |  |
| Signature:        |  | Date:         |  |

### Director #2

|                   |  |               |  |
|-------------------|--|---------------|--|
| First Name:       |  | Last Name:    |  |
| Direct Telephone: |  | Direct Email: |  |
| Role in Business: |  |               |  |
| Signature:        |  | Date:         |  |

### Director #3

|                   |  |               |  |
|-------------------|--|---------------|--|
| First Name:       |  | Last Name:    |  |
| Direct Telephone: |  | Direct Email: |  |
| Role in Business: |  |               |  |
| Signature:        |  | Date:         |  |

## SUBMIT

Please submit electronically directly as email to [info@h2orx.com.au](mailto:info@h2orx.com.au).

Alternatively, scan and email to: [info@h2orx.com.au](mailto:info@h2orx.com.au) or fax to +61 (0) 2 9436 0491.



**OFFICE USE ONLY**

|                 |  |                                 |  |
|-----------------|--|---------------------------------|--|
| Comments:       |  |                                 |  |
| Discount Level: |  |                                 |  |
| Approved (Y/N): |  | Approved Limit (per month) AUD: |  |
| Approved By:    |  | Date:                           |  |

| A Number | S Number | P Number | E Number | C Number |
|----------|----------|----------|----------|----------|
|          |          |          |          |          |