

Rivzman Solutions
PO Box 528
Wagga Wagga, NSW 2650
ABN. 50890986145
Mobile: +61422336066
Email. info@rivzmansolutions.com.au
Website. www.rivzmansolutions.com.au



Customer credit application for business account

Business contact information

Contact name:

Phone:

Fax:

E-mail:

Address:

City:

State:

Postcode:

In business since:

Sole trader:

Partnership:

Limited liability:

Other:

Business and credit information

Postal address:

City:

State:

Postcode:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

Postcode:

Business/trade references

Company name:

Company name:

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 within 14 days of 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 authorise Rivzman Solutions to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Title:

Date:

Date: