



Inert Centralizer Systems For The Drilling Industry

3 Barnard Street, Bunbury, Western Australia 6230

T +61 8 9725 4678

F +61 8 9725 4700

E sales@kwikzip.com

CREDIT APPLICATION FORM

Company Name: _____ **Years in Business:** _____
Billing Address: _____
Shipping Address: _____
Business Phone: _____ **Business Fax:** _____
Email : _____ **Web:** _____
Business Type: (tick) **Corporation** **Partnership** **Sole Proprietorship**
President / Owner: _____ **Owner SSN:** _____
President / Owner Phone: _____ **Company Federal Tax ID:** _____
Estimated Monthly Credit: _____ **Accounts Payable Contact:** _____
Accounts Payable Fax: _____

Trade References:

Company: _____ **Address:** _____
Contact: _____ **Tel:** _____
Fax: _____ **Email:** _____

Company: _____ **Address:** _____
Contact: _____ **Tel:** _____
Fax: _____ **Email:** _____

I/we authorise kwik-ZIP to make appropriate investigations and to contact the references listed for information on our credit history regarding this application. I/we also acknowledge that if a credit facility is approved, all invoices will be due and payable within 30 days from the end of the month of the invoice date, and that kwik-ZIP may charge a finance charge of 1.5% per month for any monies due which exceed these trading terms.

I/we also acknowledge that kwik-ZIP is a Non USA Resident Company and as such is not subject to USA IRS Tax Registration and Withholding requirements.

I/we, the undersigned, hereby confirm that we are authorized to make this application and agree to be jointly and severally liable for any outstanding credit obligations of the applicant in relation to this Application.

Signed: (Owner / Officer)		Name:	Title:
Signed: (Owner / Officer)		Name:	Title: