



D E W I C K
& A S S O C I A T E S

CREDIT APPLICATION

Business Information

Business Name:	
Street Address:	
Postal Address:	
Phone Number:	
In Business Since:	
Business Type:	Sole Trader / Partnership / Limited Liability / Other
Bank Name:	
Bank Address:	

Business Reference 1

Business Name:	
Contact Name:	
Address:	
Phone Number:	



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Business Reference 2

Business Name:	
Contact Name:	
Address:	
Phone Number:	

Creditor Agreement

1. All invoices are to be paid on the 30th 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 authorise Dewick & Associates to make inquiries into the banking and business/trade references that you have supplied.
4. By signing below, you agree to pay the invoices on the date specified. (before or on due date).

Title:		
Date:		
Signature:		