



A Division of Hanna Group
Bells Line of Road
North Richmond NSW 2754
Australia

www.hannapak.com.au

Telephone: +61 2 4571 1000
Facsimile: +61 2 4571 1222
Email: creditdept@hanna.com.au

CREDIT APPLICATION

Name of Business _____(the applicant)

Business Address _____

_____ Postcode _____

Telephone _____ Facsimile _____

ABN _____

Name of Corporation _____

(only if the Applicant is a trading name owned by the corporation)

Name/Address of all 1) _____

Directors/Partners 2) _____

3) _____

Name of Bank _____ How long with Bank _____

Branch _____

Business Premises Owned? _____ Date Business Commenced _____

Business References (minimum of two)

	Name	Suburb/State	Contact Person	Contact Number
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Credit Limit Applied for \$ _____

Please note our trading terms are strictly 30 days from the end of the month



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IMPORTANT

I/We the undersigned in consideration of Hanna Group Pty. Limited granting the Applicant credit, hereby personally guarantee to Hanna Group Pty. Limited the payment of all monies (including any additional costs incurred by Hanna Group Pty. Limited in attempting recovery of the monies) owed by the Applicant.

I/We acknowledge that this guarantee is continuing and may not be withdrawn whilst ever the Applicant owes money to Hanna Group Pty. Limited and that Hanna Group Pty. Limited may at its discretion pursue me/us for recovery of the monies notwithstanding that all or any avenues available to Hanna Group Pty. Limited in pursuing the Applicant for payment of the monies have yet to be exhausted.

I/We further declare that this guarantee shall remain valid notwithstanding that I/We cease to have any fiduciary or other interest in the Applicant.

By signing below you are personally guaranteeing the repayment of all future monies owed to Hanna Group Pty. Limited by the Applicant. If you do not fully understand the nature of this guarantee, you are urged to consult your legal adviser(s) before signing.

SIGNED this _____ day of _____

By all Proprietors/Directors/Partners/Trustees of the Applicant

Proprietor/Director/Partner/Trustee

Witness

Proprietor/Director/Partner/Trustee

Witness

Proprietor/Director/Partner/Trustee

Witness

