



Commercial Customer - Credit Application

Customer Information

Type of Business

Government Public Company Private Company Trust Partnership Sole Trader Other

Company Details

Company / Trading Name

ABN

Parent, group or franchise (if any)

Trust Name (if any)

Date of trust deed (if any)

If the customer is a company

ACN

Date of Registration

State of registration

Address of registered office

Business Address

Postal Address

Telephone

Facsimile

Contact Person

Full Name

Address

Telephone

Email

Director/Proprietor Details all directors, partners and proprietors to complete

Director/Proprietor 1

Full Name

Address

Telephone

Email

Director/Proprietor Details all directors, partners and proprietors to complete

Director/Proprietor 2

Full Name

Address

Telephone

Email

HEAD OFFICE - HINDMARSH

Unit 2, 11 Ridley Street Hindmarsh SA 5007

Phone (08) 8130 1800

Fax (08) 8363 2621

enquiries@mobogroup.com.au
www.mobogroup.com.au



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Director/Proprietor Details all directors, partners and proprietors to complete

Director/Proprietor 3

Full Name _____

Address _____

Telephone _____ Email _____

Director/Proprietor Details all directors, partners and proprietors to complete

Director/Proprietor 4

Full Name _____

Address _____

Telephone _____ Email _____

Trade References – please ensure three references are provided

Company:	Company:	Company:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Telephone:	Telephone:	Telephone:
Facsimile	Facsimile	Facsimile
Email:	Email:	Email:
Account opened since:	Account opened since:	Account opened since:
Credit Limit:	Credit Limit:	Credit Limit:

Financial Information

Are the business premises: Owned Leased Rented

Does the business have an overdraft facility? Yes No If yes, is it currently being used? Yes No

Expected monthly credit required (this must be completed) \$ _____

Financial Institution Details

Bank: _____ Branch: _____ Bank Manager : _____



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Application for credit
<p>The customer applies for and requests Mobo Group ABN 69 007 629 012 to open a credit account in the name of the customer.</p> <p>The person whose signatures appear below (in whatever capacity) authorises the customer to make this application.</p> <p>By signing this application, that person:</p> <ul style="list-style-type: none">certifies that the information in this application is complete and accurate, and acknowledges that this information has been provided for the purposes of determining the amount and conditions of the credit to be extended by Mobo Group to the customer; andacknowledges receipt and acceptance of the Mobo Group Commercial Customer Terms and Conditions; andauthorises Mobo Group to contact the financial institution and trade references listed in this application to obtain any necessary information to verify the information provided in this application. <p>Signed for and on behalf of the customer by its duly authorised representative:</p>
Name:
Signature:
Position:
Date:
Witness Name:
Witness Signature:

Office Use Only
Date of application processing:
Trade reference check 1:
Trade reference check 2:
Trade reference check 3:
Credit limit (requested/recommended):
Recommendation (approve /not approved):
Checking Officer Name:
Position:
Signature:
Date:
Limit Approval and Terms (Days):
CEO Signature/Approval:
Date: