



APPLICATION FOR CREDIT

Company Name _____

Postal Address _____

Physical Address _____

Phone: _____

Fax: _____

Company Type: _____

Startup Date: _____

Your Company Contact Person One:

Your Company Contact Person Two:

Name: _____

Name: _____

Position: _____

Position: _____

Email: _____

Email: _____

Mobile: _____

Mobile: _____

CREDIT REFERENCES (Two required):

Company: _____

Company: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____

- I give permission for Redfort Group Limited to discuss my credit rating with the above nominated companies.
- I have read and agree to the Redfort Group Limited standard Terms and Conditions.
- I understand a representative of Redfort Group will contact me as a follow up to this application to advise invoice payment terms.

Signed _____

Position: _____

Date: _____

Please forward completed application to:
Redfort Group Limited: Fax: +64 9 445 9300 or Email: chris@redfortgroup.com