

GTS BUSINESS CREDIT APPLICATION**Training Services - 30 Day Payment Terms**

COMPANY INFORMATION**Legal Business Name:** _____**Trading Name (if different):** _____**ABN/ACN:** _____ **Purchase Order Number:** _____**Business Structure:** ☐ Sole Trader ☐ Partnership ☐ Company ☐ Trust ☐ Other: _____**Years in Business:** _____ **Number of Employees:** _____**Primary Industry:** _____**Website:** _____

BUSINESS ADDRESS**Street Address:** _____**Suburb:** _____ **State:** _____ **Postcode:** _____**Postal Address (if different):** _____**Phone:** _____ **Fax:** _____**Email:** _____

CONTACT INFORMATION**Primary Contact Name:** _____**Position/Title:** _____**Direct Phone:** _____ **Mobile:** _____**Email:** _____**Accounts Payable Contact:** _____**Accounts Payable Phone:** _____ **Email:** _____

FINANCIAL INFORMATION

Annual Turnover: ☐ Under \$100,000 ☐ \$100,000-\$500,000 ☐ \$500,000-\$1M ☐ \$1M-\$5M ☐ Over \$5M

Requested Credit Limit: \$ _____

Bank Name: _____

Bank Branch: _____

Account Name: _____

BSB: _____ **Account Number:** _____

DIRECTOR/OWNER INFORMATION

Director/Owner 1: Full Name: _____

_____ Position: _____

_____ Date of Birth: _____ Residential Address: _____

_____ Phone: _____ Email: _____

Director/Owner 2: Full Name: _____

_____ Position: _____

_____ Date of Birth: _____ Residential Address: _____

_____ Phone: _____ Email: _____

ADDITIONAL INFORMATION

How did you hear about GTS? _____

Estimated monthly training spend: \$ _____

Preferred training delivery method: ☐ Face-to-face ☐ Online ☐ Blended ☐ On-site

Special requirements or notes: _____

TERMS AND CONDITIONS

PAYMENT TERMS: Net 30 Days from commencement of training. Payment is due 30 Days from the start date of any booked training program.

CREDIT TERMS:

- All training bookings require a valid Purchase Order number
- Credit approval is subject to satisfactory credit assessment
- GTS reserves the right to vary credit limits and terms
- Overdue accounts may incur late payment fees
- Legal costs for debt recovery will be charged to the client

PERSONAL GUARANTEE: Directors/Owners guarantee payment of all amounts owing under this credit facility.

DECLARATION AND AUTHORIZATION

I/We declare that: ☐ The information provided in this application is true and correct ☐ I/We authorize GTS to make enquiries regarding creditworthiness ☐ I/We authorize credit reporting agencies to provide credit information ☐ I/We agree to notify GTS of any material changes to business circumstances ☐ I/We have read and agree to the terms and conditions above ☐ I/We provide a personal guarantee for all amounts owing (Directors/Owners)

Applicant Signature: _____

Print Name: _____ **Date:** _____

Position: _____

Company Seal/Stamp: (if applicable)

FOR OFFICE USE ONLY

Application Received: _____ Credit Limit Approved: \$ _____

Credit Terms: _____ Approved By: _____

Date Approved: _____ Notes: _____

Account Number: _____

Once complete, please return to: admin@gtstraining.com.au