



*Penguin Limousine Services*

PO Box 291, Forestville NSW 2087  
Tel: (02) 9453 2229, Fax: (02) 9453 2227  
Email: penguinlimo@ozemail.com.au

**Credit Account Application**

(In order for us to process your request, please print, complete and fax or email to Penguin Limousine Services.)

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Company Director: \_\_\_\_\_

Account Payable Contact Name: \_\_\_\_\_

Authorized Users:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Trade References

Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Contact: \_\_\_\_\_

Accountants Details:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**Agreement:** All charges are due within 7 days of receipt of billing statement unless reconciled with management. Clients listed above personally guarantee payment of any and all charges including but not limited to, all collection and attorney's fees in case of delinquency. I have read, understand and agree to be bound by the terms and conditions of this statement. By signing this form, I hereby authorize Penguin Limousine Services to inquire and verify the aforementioned details and other personal/company information if applicable.

Authorized Signature: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Title: \_\_\_\_\_

**Thank you for choosing Penguin Limousine Services**