



COMMERCIAL CREDIT ACCOUNT: REQUEST TO CHANGE CREDIT LIMIT, REGION AND/OR PRODUCTS

Please confirm the region, products and proposed credit limit applicable to the Customer's existing commercial credit account.

Customer Account Number	<input style="width: 100%;" type="text"/>
Customer Name:	<input style="width: 100%;" type="text"/>
Customer ABN:	<input style="width: 100%;" type="text"/>
Customer Address:	<input style="width: 100%;" type="text"/>
Customer Telephone:	<input style="width: 100%;" type="text"/>
Customer Representative:	<input style="width: 100%;" type="text"/>
Position:	<input style="width: 100%;" type="text"/>

Region	Product
Greater Sydney <i>Post to: PO Box 6770, Silverwater NSW 1811</i>	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Aggregate
Northern NSW <i>Post to: PO Box 6770, Silverwater NSW 1811</i>	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Aggregate
Queensland <i>Post to: PO BOX 623, Beenleigh QLD 4207</i>	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Aggregate
Victoria <i>Post to: PO Box 642, Somerton VIC 3062</i>	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Aggregate
South Australia <i>Post to: PO Box 232, Torrensville Plaza SA 5031</i>	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Aggregate
Northern Territory <i>Post to: PO Box 232, Torrensville Plaza SA 5031</i>	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Aggregate

By signing this form, the Customer Representative:

1. warrants that it is authorised to submit this form on the Customer's behalf; and
2. confirms the Customer's request to purchase the additional product(s) of a type, and in the region(s), identified above and to increase its commercial credit limit from \$ _____ to \$ _____ (leave blank if no change to credit limit is required).

Signature of authorised representative

Date

Office Use Only			
Application for Commercial Credit completed and sighted? (tick) <input type="checkbox"/>	Account Number(s):	Initial:	Date: