

## 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**

**Customer Name:**

**Customer ABN:**

**Customer Address:**

**Customer Telephone:**

**Customer Representative:**

**Position:**

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

- warrants that it is authorised to submit this form on the Customer's behalf; and
- 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: