



Australian Government

IP Australia

# Application for Credit

In reply please quote:

File Reference

Contact Officer

Name of Organisation

Postal Address

State

Postcode

ABN

Registered Office

Telephone No

( )

Fax No

( )

Email Address

Contact Offices

Bankers

Branch(s)

Type of Business

Credit Level Required

\$

per month

**Payment of account is due 30 days after production of the monthly statement.  
Failure to pay promptly on the statement may result in termination of account.**

*Please establish trading facilities in accordance with the above information*

Signature

Title

## Office Use Only

Approved

Account No.

IP Australia  
PO BOX 200  
WODEN ACT 2606  
AUSTRALIA

TELEPHONE 1300 651 010  
INTERNATIONAL CALLERS +61 2 6283 2999  
FACSIMILE +61 2 6283 7999