

The Applicant hereby applies for a credit limit increase to:

I am/We are authorised to sign this credit limit increase on behalf of the Applicant and information given is true and correct to the best of my/our knowledge. (Please note credit limit increase will be subject to credit approval). Upon approval a notification letter will be emailed to notify new credit limit and this form will be deemed as acceptance). In the event the application is declined you will be notified by email and this letter will be voided).

\$	Account Number	
Company Name & ABN/ACN		

Director Signature			
Name (print)		Date	
Witness Signature			
Name (print)		Date	
Position		Date	

Signature Director/Secretary			
Name (Print)		Date	
Witness Signature			
Name (Print)		Date	
Position		Date	

Return original by post to: Accounts receivable, Bretts Pty Ltd. PO Box 5880, Stafford Heights QLD 4053.