

The Applicant hereby applies for a credit limit increase to:

\$

Account Number:

(Company name and ABN/ACN)

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).

Signature block – For completion by the applicant (s)

Director Signature

Name (print)

Position

Date

Witness Signature

Name (print)

Position

Date

Director/Secretary  
Signature

Name (print)

Position

Date

Witness Signature

Name (print)

Position

Date

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