

## CREDIT LIMIT INCREASE FORM

DATE: \_\_\_\_\_

CLIENT'S TRADE NAME: \_\_\_\_\_

CURRENT ACCOUNT LIMIT: \_\_\_\_\_

REQUESTED ACCOUNT LIMIT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\*Please attach a valid copy of the Directors Drivers Licence.**

I certify that the above information is true and correct and that I am authorized to make this application for credit. I have read and understand the terms and conditions of trade (attached) of Synergy Aluminium Towers Pty Ltd which form part of, and are intended to be read in conjunction with this credit limit increase form and agreed to be bound by these conditions. I authorize the use of my personal information detailed in the Privacy Act clause therein. I agree that if I am a director/shareholder (owning at least 15% of the shares) of the client I shall be personally liable for the performance of the client's obligations under this contract.

SIGNED (CLIENT): \_\_\_\_\_

SIGNED (SYNERGY): \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

POSITION: \_\_\_\_\_

WITNESS TO CLIENT'S SIGNATURE:

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### COPY OF DRIVERS LICENCE

**SYNERGY**  
SCAFFOLDING AND ACCESS SERVICES

**SYNERGY**  
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