



**KOOLFOAM**  
A SYMBOL OF QUALITY

**Koolfoam Pty Ltd**

54 Randall St, Slacks Creek, QLD 4127

**P** (07) 3209 1044

**F** (07) 3808 3321

**E** [sales@koolfoam.com.au](mailto:sales@koolfoam.com.au)

**W** [www.koolfoam.com.au](http://www.koolfoam.com.au)

**Application for credit**

To: **Koolfoam Pty Ltd** – ABN: 43 010 236 263

We wish to purchase polystyrene on an account basis and agree to adhere to your Trading Terms to pay within 30 DAYS of receipt of invoice.

Full Trading Name \_\_\_\_\_

Address \_\_\_\_\_

ABN \_\_\_\_\_

Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Accounts Contact \_\_\_\_\_ Credit Required \$ \_\_\_\_\_

Email \_\_\_\_\_ Website www. \_\_\_\_\_

Directors/Owners \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Type of Business \_\_\_\_\_

Bankers \_\_\_\_\_ Branch \_\_\_\_\_

**Reservation of Title**  
Beneficial and legal title of goods supplied remains with KOOLFOAM P/L until all goods have been paid for in full, should payment become overdue. KOOLFOAM P/L may recover and resell the goods.

**Trade References:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Position \_\_\_\_\_