

## Loadshift Payment Terms Application Form

Fill out this form to apply for Loadshift Payment Terms. There may be additional documentation required to be provided based on the credit limit requested.

### Business Details

Business Name

Business Phone No.

ABN

Established Date

Contact Name

Preferred Contact No.

Contact Email

Website

Business Address

Credit Limit Required

Select your repayment term.

30 days – 2.00%

45 days – 3.00%

60 days – 4.00%

Banking Details (for direct debit)

Account Name

BSB

Account Number

Visit the link for more information on the [Direct Debit Request Service Agreement](#).

Tick the box if you to pay via EFT.

### Authorised Signatory \*

The person signing this will need to be an authorised signatory for your organisation.

Name

Position

Date

\* By signing this application, I hereby acknowledge that the outstanding amounts/monies owed to Loadshift by are hereby assigned to AFC (Butn subsidiary) and, as such, are payable according to the terms agreed.