



CENTRAL SECURITY DISTRIBUTION

An Anixter Company

CSD-CF-031-v1.0 - Credit Increase Form

Request to Increase Credit Limit

Company Name:	
Account Number:	
Telephone:	

ACN:	ABN:
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Accounts Contact:	
Email:	
Director Name:	
Email:	

Current Limit:	\$	Current Terms	30 days End of Month
Requested Limit	\$		

Please provide details to support your request for increase:

I confirm that the information provided by me above are true and correct, and not misleading or deceptive in any way. I am also duly authorised to make this request on behalf of the Applicant and to bind the Applicant to the new credit limit increase:

Signed: _____ **Position:** _____

Printed Name: _____ **Date:** _____