



CALCO TIMBERS PTY LTD

A.B.N 53 360 367 632

- Suppliers of all Building Materials
 - Prefabrication of Roof Trusses & Wall Frames
- PO Box 190, Belmont VIC 3216
P: 5221.1655 F: 5221.5547

DATE

NAME
ADDRESS
TOWN POST CODE
FAX:

Dear DIRECTORS NAMES,

Recently we have been requested to increase your current credit limit from \$_____ to \$_____. To assist us in assessing your account for a credit limit increase, please provide three Trade References for us to contact, including 1 other supplier of building supplies:

| Name | Suburb | \$ Monthly Purchases | Phone No: |
|------|--------|----------------------|-----------|
| | | | |
| | | | |
| | | | |

Please indicate your agreement to increasing the credit limit to \$_____ by signing as indicated over the page and returning both pages to us.

We would like to remind you that this is **strictly a 30 Day Account**, so your purchases during any calendar month must be paid in full on or before the end of the following month. The credit limit stipulated above refers to total exposure (total amount outstanding in current and 30 day aging). Calco Timbers Pty Ltd reserves the right to stop credit without notice if the account is outside our trading terms.

Our computer system is set up to monitor accounts and will automatically stop accounts over the credit limit and with payments outside 30 days. This can result in purchasing delays. Please also note that we can enforce use of order numbers / use of codes if this is required by your company.

If you have any queries regarding the above please do not hesitate to contact us on the above telephone number. We would again like to thank you for choosing Calco Timbers Pty Ltd as your supplier of building materials.

Regards,

Siobhan Marshall
Accounts Department



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For our records, please have all directors sign in acknowledgment of the credit limit increase to \$_____ and return to Calco Timbers Pty Ltd.

Director's Signature

Witness Signature

Print Name

Print Name

Director's Signature

Witness Signature

Print Name

Print Name

Director's Signature

Witness Signature

Print Name

Print Name

**PLEASE PHOTOCOPY THIS PAGE SHOULD YOU REQUIRE
ADDITIONAL SIGNATURES**