



Commercial Credit Application Agreement

Registered Name of Company: _____

Trading Name: _____

No. of Yrs Trading: _____ No. of Employees: _____

Please Tick One: Sole Trader: _____ Partnership: _____ Registered Company: _____

Postal Address: _____ State: _____ Post Code: _____

Physical Address: _____ State: _____ Post Code: _____

Delivery Address: _____ State: _____ Post Code: _____
(If different to actual address)

Phone: (____) _____ Fax: (____) _____ Web: _____

Email: _____ ABN: _____

Purchasing Office

Contact Name: _____ Phone: _____

Fax: _____ Mobile: _____

Email: _____

Nature of Business: _____

Estimated Purchases: \$ _____ Monthly (if not monthly how often) _____

All Invoices to

be: (Please Circle One)

- Send Invoice with Goods
- Email Email Address: _____
- Fax Fax No. _____
- Post

Accounts Payable Contact & Bank Details:

Full Name: _____

Phone: _____ Fax: _____

Email: _____

Send Statement via Email or Fax _____

Bank: _____ Branch: _____

Account Name: _____



Industry Type - Which best describe your type of Business

Please Tick one

- | | | |
|--|---|--|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Builders/Carpenters/Plasterers | <input type="checkbox"/> Concretors |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Electricians | <input type="checkbox"/> Fabrication/Engineering |
| <input type="checkbox"/> Glass/Glazing | <input type="checkbox"/> Hire Centres | <input type="checkbox"/> Landscaping/Gardening |
| <input type="checkbox"/> Joinery | <input type="checkbox"/> Boating/Marine | <input type="checkbox"/> Civil Works |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Plumbers | <input type="checkbox"/> Resellers | <input type="checkbox"/> Roofers |
| <input type="checkbox"/> Food & Pharmaceutical | <input type="checkbox"/> Transport | <input type="checkbox"/> Any Clubs |
| <input type="checkbox"/> Medical Centres | <input type="checkbox"/> Hotel/Motel/Caravan | <input type="checkbox"/> Schools/Tafes |
| <input type="checkbox"/> Child Care Centres | <input type="checkbox"/> Film Industry | <input type="checkbox"/> Govt. Departments |
| <input type="checkbox"/> Petro Chemical | <input type="checkbox"/> Energy Industry | <input type="checkbox"/> Mining Industry |
| <input type="checkbox"/> Signage | | |

Trade References: Please provide the names, addresses

Full Name:	Residential Address	Phone No. / Mobile	Date of Birth	Drivers License No.
		[] Mobile:	/ /	
		[] Mobile:	/ /	
		[] Mobile:	/ /	

Acknowledgement: I undertake to advise of any changes of ownership and I agree to the trading terms listed on this form and the attached terms and conditions of sale.

For and on the Behalf of: _____ Signature: _____

Date: _____

PERSONAL GUARANTEE: I/WE NOTE THAT THE TRADING TERMS LISTED ON THIS FORM AND THE ATTACHED TERMS AND CONDITIONS OF SALES HAVE BEEN EXPLAINED TO US BY THE SUPPLIER. I/WE GUARANTEE PAYMENT OF ANY AND ALL ACCOUNTS FOR GOODS PURCHASED BY THE ABOVE COMPANY/BUSINESS TOGETHER WITH ANY LEGEL PERSONAL REPRESENTATIVES OF THE COMPANY/BUSINESS OR OUT OF POCKET EXPENSES ASSOCIATED WITH THE COLLECTION OF ANY OUTSTANDING MONEYS. I/WE UNDERSTAND THIS GUARANTEE BINDS ME PERSONALLY.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Co. Director: _____

Co. Director: _____

Date: _____

Date: _____

Witness: _____

Witness: _____



Sales Office Use Only

Credit Limit: _____ Warehouse: _____ Reps Code: _____ Territory: _____ Customer Type: _____
Industry: _____ Marketing: _____ Company Flag: _____ Part Shipment: _____ Order Priority: _____
Was Business with Previously with a Competitor: _____ If Yes, Whom _____

Credit Department use Only

Trade References	How Long	Highest Amount One Month	Payment Record
.....			
.....			
.....			
.....			

Credit Manager Comments
.....
.....
.....

Account Approved by:

Date Approved:

Credit Limit \$.....



Terms and Conditions

ACCOUNTS – STRICTLY 30 DAYS FROM DATE OF INVOICE

RETURNS AND CREDITS

These are only accepted if authorized by us, the supplier, or our agent, and are notified within seven (7) days of receipt of goods. Goods may only be returned by carrier approved by us. A handling charge may apply to returned goods.

OVERDUE ACCOUNTS

Goods will not be supplied to overdue accounts until such time as the account is brought up to date. We reserve the right to charge overdue account fees.

SMS AND EMAIL MESSAGING

At time the company will advertise product specials and special events via SMS or EMAIL. If this form of advice is not required please cross the box provided.

IMPORTANT NOTICE TO APPLICANT(S) FOR CREDIT.

(Section 18E (8) (c) Privacy Act 1988)

Please read carefully

The supplier may give information about you to a credit reporting agency, but only limited kinds of information allowed by the Privacy Act 1988 (Commonwealth) – This includes

- Identity details – this only includes your name, sex, date of birth, current known address, two immediately previous addresses, your current or last known employer, and your drivers licence number.
- The fact that you have applied for a credit amount
- The fact that the supplier is a credit provider to you
- Payments overdue for at least 60 days when the supplier had taken steps to recover
- Advice that payments are no longer due
- Cheques drawn by you which have been dishonoured more than once
- The opinion of the supplier that you have committed a serious credit infringement
- When the credit provided to you has been discharged

STATEMENT BY APPLICANT(S) FOR CREDIT

Please read carefully before signing. Where more than one applicant, each applicant to sign.

1. Giving information to a Credit Reporting Agency (Section 18E (8) (c) Privacy Act 1988)

The supplier has informed me that it may give certain personal information about me to a credit reporting agency

2. Exchanging Information with other Credit Providers (Section 18N (1) (b) Privacy Act 1988)

I agree to the supplier checking personal information about me with any credit provider named in my credit application, and with other credit providers that may be named in a credit report issued by a credit reporting agency.

For any of the following purposes:

- To assess my credit worthiness
- To assess an application by me for credit
- To help me avoid defaulting on my credit obligations; and
- To notify a default by me

I understand that this information about my credit worthiness, credit history or credit capacity that credit providers are allowed to give to or receive from each other under the Privacy Act 1988.



I further agree that the supplier may disclose a credit report or any personal information derived from it to another credit provider, for any of the purposes mentioned above.

3. Access to Commercial Credit Information (Section 18L (4) Privacy Act 1988)

In order to assess my application for credit, I consent to the supplier obtaining a report containing information about my commercial activities credit worthiness, from business which provides information about the commercial worthiness of persons.

4. Access to Consumer Credit Information for a Commercial Credit Application (Section 18K (1) (b) Privacy Act 1988)

I consent to the supplier, in order to assess my application for credit, obtaining from credit reporting agency a credit report about me containing consumer credit information.

Company Director Signature

Witness's Signature

Name: _____
(Please Print)

Name: _____
(Please Print)

Signature: _____

Signature: _____

Date: ___/___/___

Date: ___/___/___