

CREDIT ACCOUNT APPLICATION

To be completed by applicants. Please complete all sections and read the Terms & Conditions of Trade overleaf or attached.

CUSTOMER'S DETAILS

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SOLE TRADER	<input type="checkbox"/> TRUST	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COMPANY	<input type="checkbox"/> OTHER:
FULL OR LEGAL NAME: <input style="width: 90%;" type="text"/>					
TRADING NAME (IF DIFFERENT FROM ABOVE): <input style="width: 90%;" type="text"/>					
PHYSICAL ADDRESS: <input style="width: 60%;" type="text"/>			STATE: <input style="width: 10%;" type="text"/>	POSTCODE: <input style="width: 20%;" type="text"/>	
EMAIL: <input style="width: 15%;" type="text"/>	PHONE NO: <input style="width: 15%;" type="text"/>	FAX NO: <input style="width: 15%;" type="text"/>	MOBILE NO: <input style="width: 20%;" type="text"/>		

PERSONAL DETAILS *(Please complete if you are an individual)*

D.O.B. <input style="width: 30%;" type="text"/>	DRIVER'S LICENCE NO: <input style="width: 30%;" type="text"/>
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BUSINESS DETAILS *(Please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)*

ABN: <input style="width: 100%;" type="text"/>	ACN: <input style="width: 100%;" type="text"/>	DATE ESTABLISHED (Current Owners) <input style="width: 100%;" type="text"/>
NATURE OF BUSINESS: <input style="width: 95%;" type="text"/>		
PAID UP CAPITAL: \$ <input style="width: 10%;" type="text"/>	ESTIMATED MONTHLY EXPENSES: \$ <input style="width: 10%;" type="text"/>	CREDIT LIMIT REQUIRED: <input style="width: 100%;" type="text"/>
PRINCIPAL PLACE OF BUSINESS IS: <input type="checkbox"/> RENTED <input type="checkbox"/> OWNED <input type="checkbox"/> MORTGAGED (to whom): <input style="width: 100%;" type="text"/>		

DIRECTORS / OWNERS / TRUSTEE *(if more than two, please attach a separate sheet)*

(1) FULL NAME:	<input style="width: 95%;" type="text"/>	D.O.B.	<input style="width: 95%;" type="text"/>
PRIVATE ADDRESS:	<input style="width: 45%;" type="text"/>	STATE:	<input style="width: 10%;" type="text"/>
DRIVER'S LICENCE NO:	<input style="width: 20%;" type="text"/>	PHONE NO:	<input style="width: 20%;" type="text"/>
		MOBILE NO:	<input style="width: 20%;" type="text"/>
(2) FULL NAME:	<input style="width: 95%;" type="text"/>	D.O.B.	<input style="width: 95%;" type="text"/>
PRIVATE ADDRESS:	<input style="width: 45%;" type="text"/>	STATE:	<input style="width: 10%;" type="text"/>
DRIVER'S LICENCE NO:	<input style="width: 20%;" type="text"/>	PHONE NO:	<input style="width: 20%;" type="text"/>
		MOBILE NO:	<input style="width: 20%;" type="text"/>

ACCOUNT TERMS:	<input type="checkbox"/> 30 DAYS	<input type="checkbox"/> COD	<input type="checkbox"/> OTHER:
PURCHASE ORDER REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ACCOUNTS TO BE EMAILED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ACCOUNTS EMAIL ADDRESS: <input style="width: 95%;" type="text"/>			
ACCOUNT'S CONTACT:	<input style="width: 45%;" type="text"/>	PHONE NO:	<input style="width: 20%;" type="text"/>
BANK AND BRANCH:	<input style="width: 45%;" type="text"/>	ACCOUNT NO:	<input style="width: 20%;" type="text"/>

TRADE REFERENCES *(Please provide companies that are willing to do trade references)*

NAME	ADDRESS	PHONE/FAX/EMAIL

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Paper Handling Equipment Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.

SIGNED (CUSTOMER): _____	SIGNED (SELLER): _____
Name: _____	Name: _____
Position: _____	Position: _____

WITNESS TO CUSTOMER'S SIGNATURE

Signed: _____ Name: _____ Date: _____