

## 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 type="text"/>					
TRADING NAME (IF DIFFERENT FROM ABOVE): <input type="text"/>					
PHYSICAL ADDRESS: <input type="text"/>			STATE: <input type="text"/>	POSTCODE: <input type="text"/>	
EMAIL: <input type="text"/>	PHONE NO: <input type="text"/>	FAX NO: <input type="text"/>	MOBILE NO: <input type="text"/>		

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

D.O.B. <input type="text"/>	DRIVER'S LICENCE NO: <input 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 type="text"/>	ACN: <input type="text"/>	DATE ESTABLISHED (Current Owners) <input type="text"/>
NATURE OF BUSINESS: <input type="text"/>		
PAID UP CAPITAL: \$ <input type="text"/>	ESTIMATED MONTHLY EXPENSES: \$ <input type="text"/>	CREDIT LIMIT REQUIRED: <input type="text"/>
PRINCIPAL PLACE OF BUSINESS IS:	<input type="checkbox"/> RENTED	<input type="checkbox"/> OWNED
<input type="checkbox"/> MORTGAGED (to whom): <input type="text"/>		
DIRECTORS / OWNERS / TRUSTEE <i>(if more than two, please attach a separate sheet)</i>		

(1) FULL NAME:	<input type="text"/>	D.O.B. <input type="text"/>
PRIVATE ADDRESS:	<input type="text"/>	STATE: <input type="text"/> POSTCODE: <input type="text"/>
DRIVER'S LICENCE NO:	<input type="text"/>	PHONE NO: <input type="text"/> MOBILE NO: <input type="text"/>
(2) FULL NAME:	<input type="text"/>	D.O.B. <input type="text"/>
PRIVATE ADDRESS:	<input type="text"/>	STATE: <input type="text"/> POSTCODE: <input type="text"/>
DRIVER'S LICENCE NO:	<input type="text"/>	PHONE NO: <input type="text"/> MOBILE NO: <input 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 type="text"/>		
ACCOUNT'S CONTACT:	<input type="text"/>	PHONE NO:	<input type="text"/>
BANK AND BRANCH:	<input type="text"/>	ACCOUNT NO:	<input type="text"/>

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

NAME	ADDRESS	PHONE/FAX/EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*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): \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

SIGNED (SELLER): \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

### WITNESS TO CUSTOMER'S SIGNATURE

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_