

APPLICATION FOR A 30 DAY CREDIT ACCCOUNT

Date:/...../.....

Applicant Name: ACN:

Trading Name: ABN:

Business Address:

Postal Address:

Telephone: (.....)..... Fax: (.....)..... Email:

Business classification/type: Sole Trader Partnership Company

NAMES AND ADDRESSES OF DIRECTORS / PARTNERS / PROPRIETORS

Name: Address:

Name: Address:

Name: Address:

Name of Bank and Address:

Date Established:

Estimated Purchases Per Month: \$..... Monthly Credit Requested: \$.....

TRADE REFERENCES (3 REQUIRED)

<u>Name</u>	<u>Telephone</u>	<u>Fax</u>	<u>Contact</u>
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I/We acknowledge that it is a condition of your extending credit that I am obliged to make any complaint regarding incorrect charges or non delivery of goods within 14 days of invoice date and that if such complaint is not made in that time the charges are deemed accepted as per the invoice. I/We undertake to maintain the account on a strict 30 days from the end of the month basis and to accept liability jointly and severally with the debtor. Any expenses, costs or disbursements incurred by Pronto Sheet Metal in recovering any outstanding monies including debt collection agency fees and solicitors' costs shall be paid by the applicant. I declare that the above information is true and correct and complete in every respect and that I am the authorized to make this undertaking on behalf of the applicant. It is understood that Pronto Sheet Metal may use this information to establish a credit rating. Until Pronto Sheet Metal grants the customer credit by notice in writing all purchases will be C.O.D.

Signed by Director Name: Signature: Date:/...../.....

Signed by Director Name: Signature: Date:/...../.....

Witness Name: Signature: Date:/...../.....