



Application For A Credit Account			
Full Name/Trading Name			
Home/Business Address		Invoice Address (if different from above)	
Tel		Tel	
Type of Business		Date Established	
Business Registration #		VAT Registration #	
Are you a Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/>			
Other (please specify)			
Directors/Partners			
Name		Title	
Name		Title	
Name		Title	
Accounts Payable Contact			
Name		Position	e-mail
Tel		Cell	Fax
Person(s) Authorised to Raise Orders			
Name		Position	e-mail
Name		Position	e-mail
Name		Position	e-mail
Total Monthly Credit Requested \$ (Maximum outstanding at any one time)			
Do you require Purchase Orders to be issued? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please submit a sample of your purchase order with this application			
Would like to receive you statements by e-mail to your Accounts Payable contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
References Please supply two trade references which are unconnected to yourself or your company			
Name 1		Name 2	
Contact		Contact	
Tel		Tel	
E-mail		E-mail	
Bank Details			
Bank Name		Account No	
Contact		E-mail	

TERMS AND CONDITIONS

- 1 Payment must be made within 30 days of the invoice date.
- 2 If payment is not made by the due date, the company shall be entitled to charge interest on the outstanding amount at the rate of 1.5% per month from the due date until the outstanding amount is paid in full.
- 3 You agree to pay any charges for correspondence issued in connection with the late payment of your account, and any legal fees and expenses incurred in the collection of the account.
- 4 Accounts will be closed immediately if any amounts remain outstanding for more than 30 days and/or the credit limit has been reached. The account will not be considered for re-opening until the outstanding amount has been paid in full.
- 5 The company reserves the right to amend credit limits from time to time.
- 6 A statement of account will be issued at the end of every month. If a statement has not been received by the fifteenth day of the following month please contact the company.
- 7 Any discrepancies on the statement must be reported to the company in writing within fifteen (15) days of receipt. If no discrepancies are reported this will indicate your agreement with our statement.
- 8 The company is not responsible for orders made or purchase orders signed by unauthorised persons.
- 9 Any sales returns must be within seven (7) days of delivery and supported by the original invoice. Any items specially ordered may NOT be returned.
- 10 Any warranties offered are those provided by the manufacturer. The company will assist in obtaining warranty cover on production of the original invoice.
- 11 You warrant that any original material provided for copying will not infringe the copyright of any third party. You will indemnify the company against claim

Signature (Application Form must be completed and signed by an authorised officer)	
Print Name	Position

THIS SECTION IS FOR OFFICE USE ONLY

Submitted by	Date submitted
Reference 1	Reference 2
Credit Recommended	Credit Approved