

COD APPLICATION FORM

To be completed by the Applicant/s – Please complete all sections and read the Terms and Conditions.

*** = Minimum & Mandatory fields that MUST be completed by ALL customers**

Customer Account Details:

* Full Name OR Trading Name:			
Registered Company Name:			
ABN:		ACN:	
* Type:	<input type="checkbox"/> General Public <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust		
PO Numbers Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
* Postal Address:			
Delivery/Site Address:			
Accounts Contact Name:			
* Email – Invoices:			
Email - Statements			
* Mobile number:		Landline:	
<i>Attach copies of each Customers Driver's Licence.</i>		<input type="checkbox"/> Attached	

Trust details: [If applicable]

Trustee Name:	
Name of Trust:	

* Application & acceptance of Trading Terms

I/We _____ being the owner/s or partners or director/s or other authorised employee/s of the Customer hereby:

- (a) acknowledge that I/We have read, understood and agree to abide by the Supplier's Trading Terms attached to this Credit Application, as amended or replaced by the Supplier from time to time;
- (b) acknowledge and agree that the Customer is obliged to accept delivery of and Authorise Payment for all Jobs ordered in the Customer's name by Credit Card.
- (c) warrant that I am/we are authorised by the Customer to make this application and bind it to the Trading Terms; and
- (d) warrant that if I am/we are director/s or shareholder/s (owning at least 15% of the shares) of the Customer I/we shall be personally liable for the performance of the Customer's obligations under this contract.

*** SIGNED (COMPANY):** _____

Name: _____

Position: _____

*** WITNESS TO CUSTOMERS SIGNATURE:**

Signed: _____

Name: _____

*** SIGNED (CUSTOMER):** _____

Name: _____

Position: _____

ID: _____ DOB: _____

Date: _____

**** Credit Card Payment Authorization: To be completed by Customer ****

Credit Card Details (*please tick appropriate box*)

* VISA MASTERCARD

* Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

* Expiry Date: _____ *CCV Number: _____

* Name as it Appears on Card: _____

* Contact phone number of Card Holder: _____

Trading Name (for final invoice to be made out to): _____

I, the above card holder, authorise Regional Contractors to bill the above card for all monies owing.

I, the above card holder, authorise Regional Contractors to retain the above credit details on file for the duration of this hire contract only (Card details will be destroyed once payment is processed).

* Please note that if you hire in the future, you will need to supply your card details again, or apply for a 30day credit account.

* Cardholders Signature: _____ * Date: ____ / ____ / ____

Office Use Only

Application Processed by (initial):		Date Entered:	
Hire Contract Number:		Driver's Licences/Passport supplied:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial payment amount:	\$	Personal/Director's Guarantee and Indemnity:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invoice Number (once billed):		Additional payment processed:	\$
Total of final invoice:	\$	Hire contract complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF STAFF MEMBER:			