

CREDIT ACCOUNT APPLICATION

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

Customer Account Details:

Trading Name:			
Registered Company Name:			
ABN:			
Type:	<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:			Post code:
Delivery/Site Address:			Post code:
Accounts Contact Name:			
Email – Invoices:			
Email - Statements			
Mobile Phone:		Landline PH:	
Hired in Plant OR Commercial Motor Insurance Policy No:		Exp Date:	
<i>Attach a copy of your CoC for your Hired in Plant OR Commercial Motor Policy Insurance</i>			<input type="checkbox"/> Attached
<i>Attach copies of each Customers Driver's Licence or Passport (unless company).</i>			<input type="checkbox"/> Attached

Company details: [If applicable]

Company Name:			
ACN:			
Directors Full Names:	1.	Drivers Licence No:	
	2.	Drivers Licence No:	
Business Premises:	<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented		
Length of time at this address:			
Years in business:			
Has the Customer or any of its partners or directors ever: <ul style="list-style-type: none"> received a bankruptcy notice or been declared bankrupt? been the subject of debt recovery action? been under any form of any external administration? <small>[If yes, please provide details]</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Bank:		BSB:	
Branch Address:		ACCOUNT NO:	

Partnership details: [If applicable]

Partners Full Names:			

Trust details: [If applicable]

Trustee Name:			
Name of Trust:			

Trade References & Credit limit: [All applicants to complete]

Credit limit requested:	\$	
Reference 1:	Name:	PH:
Reference 2:	Name:	PH:
Reference 3:	Name:	PH:

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) apply to establish a credit facility with the Supplier;
- (b) authorise the Supplier to use the information contained in this Credit Application to confirm the Customer's ability to service any such credit facility;
- (c) 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;
- (d) acknowledge and agree that the Customer is obliged to accept delivery of and pay for all Jobs ordered in the Customer's name;
- (e) warrant that the Customer is able to pay its debts as and when they fall due;
- (f) warrant that I am/we are authorised by the Customer to make this application and bind it to the Trading Terms; and
- (g) 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: _____

Office Use Only

Credit application approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit checks complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of approval:		Driver's Licences / Insurance CoC received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRM Allocated:	C	Personal/Director's Guarantee and Indemnity:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation letter to customer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	PPSR registration complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Limit approved:	\$	Authorised by:	

***** Please complete the following. We will only retain the credit card details until your 30day account application has been finalized. Any invoices issued prior to your account being opened will be billed against the below card. *****

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: _____

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 until a 30day trading account has been issued.

Cardholders Signature: _____ Date: ___ / ___ / ___
