

Credit Account Application



Form can be filled out on-screen

Date of Application		ABN	
Registered Company Name			
Trading Name			
Correspondence Address			
Street Address			
Nature of Business			Year Established
Purchasing Officer		Phone	Fax
Method of Purchase			
Accounts Contact		Phone	Fax
Amount of Credit Requested (Monthly)			

BANK DETAILS

Bank	Branch	Years trading
------	--------	---------------

TRADE REFERENCES

1. Company Name: Contact:	Phone
2. Company Name: Contact:	Phone
3. Company Name: Contact:	Phone

We hereby certify that the above information is correct and should an account be granted, we agree to accept the Clear Edge trading terms and conditions as detailed on the reverse side of this application form.

**ACKNOWLEDGMENTS, CONSENTS & NOTICE IN RELATION TO THE PRIVACY ACT 1988
NOTICE OF DISCLOSURE OF INFORMATION TO A CREDIT REPORTING AGENCY**

Under Section 18E(8) (c) of the Privacy Act, The Credit Provider is allowed to give a Credit Reporting Agency personal information about your credit application. The information which may be given to an Agency is covered by Section 18E(1) of the act and includes:

1. Identity (as permitted by the privacy Commissioner's determination issued under Section 18E(3));
2. The fact that you have applied for credit and the amount;
3. The fact that the Credit Provider is a current credit provider to you;
4. Payments which become overdue more than 60 days, for which collection action has commenced;
5. Advice that payments are no longer overdue;
6. Cheques drawn by you which have been dishonoured more than once;
7. In specified circumstances, that in the opinion of the Credit Provider you have committed a serious credit infringement;
8. That credit provided to you by the Credit Provider has been paid or otherwise discharged;
9. I/We acknowledge that I/We have read and understood the Notice of Disclosure.

DIRECTOR / MANAGER

WITNESS

Signed

Signed

Name

Name

Title

Title

Please return the completed form to: Mr Gary Taresch
Clear Edge
215 Arden Street North Melbourne 3051
Phone 03 9326 7000
Fax 03 9329 0152

We look forward to a long and mutually beneficial partnership and request that our accounts are paid Nett 30 days.

GENERAL TERMS AND CONDITIONS OF CREDIT ACCOUNT

1. I/We understand and acknowledge that normal trading terms are strictly 30 days and that payment is due after 30 days from the date of invoice.
2. I/We understand that interest may be charged on any overdue amount at the rate of 4%.
3. I/We agree to pay any reasonable expenses incurred in obtaining or attempting to obtain payment of any overdue amount.

The Credit Provider reserves the right to refuse to accept for credit any goods which may be returned for credit more than seven days after the invoice for such goods. The Credit Provider reserves the right to vary the Terms and Conditions at any time by giving 30 days prior notice in writing to the customer.

I/We acknowledge receipt of and accept the General Terms & Conditions of Sales and we/I certify that we/I are authorised to complete and sign this Credit Application Form and that the information provided is true and correct to the best of my/our knowledge.

Date of Application _____ / ____ / _____ Signed _____