



Unit 1/5 Downard Street
 Braeside Vic 3912
 Phone: 03 9588 0869
 Fax: 03 9588 0839
 Email: sales@allcitysawing.com.au
 www.allcitysawing.com

**PLEASE COMPLETE THIS FORM FULLY IN CLEAR BLOCK LETTERS & RETURN VIA
 1) FAX (03) 9588-0839 AND
 2) ORIGINAL DOCUMENT MUST BE RETURNED FOR ACTIVATION OF 30 DAY ACCOUNT**

30 DAY CREDIT APPLICATION

Date: / /

Registered Business / Company Name: _____

Trading Name: _____

Customer A.B.N: _____

Public Co Sole Trader Pty Co Partnership

Registered Business Address: _____

Suburb _____ Postcode _____

Mailing Address: (If different from above) _____

Suburb _____ Postcode _____

Office Telephone: _____ Fax: _____

Mobile: _____ Email: _____

Accounts Payable Contact: _____

Telephone: _____ Fax: _____

How long have you been trading? _____

Credit Amount Sought? \$_____ Are Order Number/s Required? YES / NO

If COMPANY (DIRECTORS NAMES) if PARTNERSHIP / SOLE TRADER (PROPRIETORS)

FULL NAME	ADDRESS	MOBILE PH
1)		
2)		
3)		

Trade References

<u>NAME</u>	<u>PHONE</u>	<u>FAX</u>

TERMS & CONDITIONS

- 1) I understand the terms of sale on an open account to STRICTLY 30-DAYS and agree to abide by these terms.
- 2) I consent, Allcity Sawing & Drilling Pty Ltd to communicate with above-mentioned creditors to establish this account.
- 3) Allcity Sawing & Drilling Pty Ltd has the right to withdraw credit / terminate this agreement or vary the customers credit limit at any time and without reason.
- 4) In any action necessary to enforce this agreement, the customer will pay reasonable attorney's fees and costs as determined by the court.

GUARANTEE (Must be Completed for Processing)

IN THE EVENT OF THE ABOVE NAMED BUSINESS/COMPANY FAILING TO PAY ANY AMOUNT OWED BY THE DUE DATE OF PAYMENT OR BECOMING BANKRUPT, INSOLVENT OR CEASING TRADING FOR ANY REASON.

I/ WE.....
(DIRECTOR)

BEING A PARTNER / DIRECTOR / PRINCIPAL OF.....
(COMPANY)

AGREE THAT ANY BREACH OF ANY CLAUSE WHATSOEVER OF THIS AGREEMENT, I/WE JOINTLY AND SEPERATELY GUARANTEE PAYMENT ON DEMAND OF ALL MONIES DUE TO ALLCITY SAWING & DRILLING PTY LTD UNDER THEIR CREDIT / TRADING TERMS. MY/OUR COMMITMENT SHALL BE A CONTINUING UNDERTAKING. I/WE SHALL BE PRINCIPAL DEBTORS TO ALLCITY SAWING & DRILLING PTY LTD.

DECLARATION

I/WE ACKNOWLEDGE I/WE HAVE READ, UNDERSTAND AND AGREE TO ALL THE ABOVE TERMS AND CONDITIONS AND THAT ALL THE ABOVE INFORMATION IS TRUE/CORRECT AND COMPLETE.

Signature/s of Director/s or Proprietor/s

Dated this day of / /

1) _____ Name: _____

2) _____ Name: _____

3) _____ Name: _____

Witness Signature: _____ Name: _____

OFFICE USE ONLY

Accepted Declined (If declined reason why?) _____

Date: _____ Approved by: _____

Client Advised Via _____ Credit Amount \$ _____