



CREDIT APPLICATION FORM

ACCOUNT DETAILS

BUSINESS NAME: _____
POSTAL ADDRESS: _____
NAME OF CONTACT FOR ACCOUNT QUERIES: _____
PHONE: _____ **FAX NO:** _____
EMAIL: _____ **MOBILE:** _____
PREFERENCE FOR STATEMENT: EMAIL POST

OWNERSHIP DETAILS

TYPE OF OWNERSHIP

- REGISTERED COMPANY SOLE TRADER
- PARTNERSHIP OTHER

NAME AND ADDRESSES OF PROPRIETORS, PARTNERS, DIRECTORS

NAME	ADDRESS	PHONE

NATURE OF BUSINESS: _____
NUMBER OF YEARS TRADING: _____
If Company or Incorporated Association please complete the following:
REGISTERED NAME: _____
REGISTERED ADDRESS: _____
AUSTRALIAN BUSINESS NUMBER: _____

BUSINESS REFERENCES (please provide three referees)

NAME _____ **PHONE** _____
NAME _____ **PHONE** _____
NAME _____ **PHONE** _____

FOR ELECTRONIC FUNDS PAYMENTS OUR BANK DETAILS ARE AS FOLLOWS:

BANK: WESTPAC, 28 ELIZABETH STREET, HOBART 7000
BSB NO.: 037-001
ACCOUNT NO.: 135176
A REMITTANCE ADVICE MUST BE SENT BY POST, FAX OR E-MAIL:
eftdeposit@mures.com.au





CONDITIONS OF AGREEMENT

- Payment of the account is due within 7 days of the end of the week of delivery of the goods.
- On behalf of my company/partners/myself, I agree to the trading terms set out above.
- I/We agree to pay to you any collection and legal costs incurred by you in the recovery of this account.
- I/We agree that interest at a rate of 1.5% per month may be charged on debts not cleared within the trading terms set out above.
- I/We acknowledge that certain items of information in this application may be given to a credit reporting agency.
- I/We hereby give permission for you to disclose information contained herein to a credit reporting agency and to obtain consumer and/or commercial information permitted by the Privacy Act from a credit reporting agency and to use such information in order to assess my/our application for credit. Subject to provision of the Privacy Act I/we authorise you to seek and obtain information from other credit providers for approving this application of managing this account. This authority remains in force for the duration of my/our credit contract if my/our application is approved.
- I/We agree that ownership of the goods will not pass to us until full payment of the account is made but risk will pass on delivery.

AUTHORITY

NAME (PRINTED): _____ **POSITION:** _____

SIGNATURE: _____ **DATE:** _____

DIRECTORS PERSONAL GUARANTEES (MUST BE COMPLETED IN THE CASE OF ALL PROPRIETARY COMPANIES)

In consideration of credit being extended to the purchaser, we, the directors do personally guarantee the performance of the company and agree to pay personally any overdue amounts upon demand.

NAME

SIGNATURE

