



A.B.N. 49 069 572 149

**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

NAME OF CONTACT FOR SALES QUERIES: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

**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.: 135280

A REMITTANCE ADVICE MUST BE SENT BY POST, FAX OR E-MAIL: [eftdeposit@mures.com.au](mailto:eftdeposit@mures.com.au)

**☎: 61 3 6273 4477**  
**Fax: 61 3 6272 8281**

**Website: [www.mures.com.au](http://www.mures.com.au)**  
**E-mail: [fishing@mures.com.au](mailto:fishing@mures.com.au)**

**Victoria Dock**  
**Hobart Tas 7000**



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**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE INFORMATION**

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

☎: 61 3 6273 4477  
Fax: 61 3 6272 8281

Website: [www.mures.com.au](http://www.mures.com.au)  
E-mail: [fishing@mures.com.au](mailto:fishing@mures.com.au)

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