



**Scratchless Glass Australia**  
**ABN:** 29 275 964 487  
 PO Box 1445, Coolum Beach Qld 4573  
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# CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

<b>Type of Business:</b> <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company				
Company Name:		ABN No:		
Trading Name:		ACN No:		
Physical Address:		State:	Postcode:	
Billing Address:		State:	Postcode:	
Email Address:		Phone No:		
Alternative Email Address:		Fax No:		
Date Business / Company Established: (current owners)		Credit Limit Required: \$		
Nature of Business:		Paid Up Capital:	Estimated Monthly Purchases: \$	
Principal Place of Business is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged (to whom):				
<b>Directors / Owners / Trustee</b> (if more than two, please attach a separate sheet)				
(1) Full Name:		D.O.B.		
Private Address:		State:	Postcode:	
Driver's Licence No:	Phone No:	Mobile No:		
(2) Full Name:		D.O.B.		
Private Address:		State:	Postcode:	
Driver's Licence No:	Phone No:	Mobile No:		
<b>Account Terms:</b> <input type="checkbox"/> 7 Days <input type="checkbox"/> COD <input type="checkbox"/> Other:				
Purchase Order Required:		<input type="checkbox"/> YES <input type="checkbox"/> NO	Accounts to be emailed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Accounts Email Address:				
Accounts Contact:		Phone No:	Mobile No:	
Bank and Branch:		Account No:		
<b>Trade References:</b> (please provide companies that are willing to do trade references)				
Name	Address		Phone / Fax / Email:	
1.				
2.				
3.				

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of S+F Hodgson Investments T/A Scratchless Glass Australia which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.**

**SIGNED (CLIENT):** \_\_\_\_\_ **SIGNED (SELLER):** \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

**WITNESS TO CLIENT'S SIGNATURE:**

**Signed:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY				
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE
	\$			/ /