



Scratchless Glass Australia
 ABN: 26 247 966 991 | **QBCC Lic. No.** XXXXXXXX
 PO Box 734, Mooloolaba QLD 4557
Phone: 1300 CLEAR 1 | **Mobile:** 0408 298 620
Email: info@scratchlessglass.com.au
Web: www.scratchlessglass.com.au

CREDIT ACCOUNT APPLICATION

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

| | | | | |
|--|-----------|--|--|--|
| Type of Business: <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): | | | | |
| Directors / Owners / Trustee (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: | | |
| Account Terms: <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: | | |
| Trade References: (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 Kristen Marie Budd 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 |
| | \$ | | | / / |