

APPLICATION FOR CREDIT ACCOUNT AND AGREEMENT

Poly Electrical Pty Ltd (ACN: 612 078 636) t/a POLYLEC A.B.N: 71 612 078 636 ("the Contractor") and the Applicant (also known as the Customer) as named below acknowledge that this Application for Credit and any security interest relating to it constitutes an Agreement which incorporates and is governed by all of the provisions of the Master Agreement of Terms between the Contractor and the Applicant dated / /20 . The Applicant and any Guarantor acknowledge that they have had the opportunity to seek independent legal advice regarding their obligations under this Agreement prior to signing this Agreement. The Applicant and Guarantor agree to be bound by the terms of this Application for Credit.

I/We hereby apply for a Credit Account and submit the following information:

Business Name

Trading Address

Suburb

Post Code

Postal Address

Suburb

Post Code

Business Phone

Business Fax

Mobile

Email Address

Nature of Business (e.g. Distributor, Accountant, Mechanic)

Approximate number of employee's

Date you commenced Business under this trading name

ABN

Bank Name

Branch

BUSINESS STRUCTURE

☐ SOLE TRADER / PARTNERSHIP (Business is not incorporated and does not have an ACN) A.B.N

Registered Trading Name

Registered Business No. BN

State of registration

Driver's License Number: (please provide copy with this application)

Personal details of all registered proprietors of the trading name: (if more than 3 please attach details of extra proprietors)

1. Full Name

Home Phone:

D.O.B

Residential Address

Post Code

2. Full Name

Home Phone:

D.O.B

Residential Address

Post Code

3. Full Name

Home Phone:

D.O.B

Residential Address

Post Code

☐ COMPANY / INCORPORATED ASSOCIATION

Type:

☐ Pty Ltd (Proprietary Limited)

☐ Ltd (Limited – Public Company)

☐ Incorporated Association

Registered Name

ACN (must be 9 digits)

Date of Incorporation

State of Incorporation

Note: If a personal / director guarantee is required, these should be included with this form and must be signed by all directors of the company

☐ TRUST (note: copy of Driver's License required if individual Trustee)

A.B.N of Trust

A.C.N of Trustee (if applicable)

Registered Trust Name

Trust Type

Trustee

Address for Trustee

Suburb:

Post Code:

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CREDIT DETAILS

Estimated amount of credit per month \$_____

ALL accounts are strictly 14 days from date of Invoice
(as per Building and Construction Industry Payments Act (BCIPA))

Credit will not be supplied on accounts overdue reaching 21 days.

Persons to contact regarding payment of the account:

1. Name _____ Position _____ Phone _____

2. Name _____ Position _____ Phone _____

TRADE REFERENCES

Please list three trade references with which you have a credit account with. By listing a reference you authorise us to contact them to discuss your trading history and to verify your details.

1. Business Name _____ Date account opened _____

Contact Name _____ Phone: _____ Fax _____

Trading Address _____ Post Code _____

2. Business Name _____ Date account opened _____

Contact Name _____ Phone: _____ Fax _____

Trading Address _____ Post Code _____

3. Business Name _____ Date account opened _____

Contact Name _____ Phone: _____ Fax _____

Trading Address _____ Post Code _____

ASSETS & LIABILITIES

The Applicant and each Guarantor must complete the below table detailing their assets and liabilities.

Insert Name:			
Liabilities	\$	Assets	\$
Bank Overdraft		Cash at bank	
Mortgage(s)		Real Estate	
Personal Loans		Furniture	
Hire Purchase / Lease		Motor Vehicles	
Other Liabilities		Caravan / Boat	
		Investments	
		Other Assets	
Total Liabilities		Total Assets	
TOTAL NET WORTH	Deficiency	Surplus	

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DECLARATION BY/FOR AND ON BEHALF OF THE APPLICANT AND GUARANTOR (Please read carefully before signing)

1.

I/We declare and warrant that the Applicant and Guarantor are neither bankrupt nor insolvent and have not committed any act of bankruptcy nor traded whilst insolvent within the previous 3 years.
2.

I/We authorise the Contractor to conduct such credit and financial checks on the Applicant and Guarantor as deemed necessary at any time, and consent to such checks for the purposes of the Privacy Act 1988 (Cth), and consent to disclosure of such information to a credit reporting or recovery agents.
3.

I/We acknowledge and agree that the *Master Agreement of Terms* form part of this Application for Credit and agree to be bound by the Master Agreement of Terms upon the signing of this Application for Credit.
4.

The Applicant and each Guarantor acknowledges that they have received a complete and legible copy of this Application for Credit and Master Agreement of Terms prior to signing these documents.
5.

I acknowledge and warrant that I am duly authorised to sign and make this Application.

Signature of Applicant # 1

I witnessed Applicant # 1 sign this document on the date indicated:

...../...../.....
SignatureDate

...../...../.....
Signature of WitnessDate

.....
Name (please print)

.....
Name of Witness (please print)

Signature of Applicant # 2

I witnessed Applicant # 1 sign this document on the date indicated:

...../...../.....
SignatureDate

...../...../.....
Signature of WitnessDate

.....
Name (please print)

.....
Name of Witness (please print)

Signature of Applicant # 3

I witnessed Applicant # 1 sign this document on the date indicated:

...../...../.....
SignatureDate

...../...../.....
Signature of WitnessDate

.....
Name (please print)

.....
Name of Witness (please print)

Signature of Guarantor # 1

I witnessed Guarantor # 1 sign this document on the date indicated:

...../...../.....
SignatureDate

...../...../.....
Signature of WitnessDate

.....
Full Name (please print)

.....
Date of Birth

.....
Name of Witness (please print)

.....
Full Address:

Signature of Guarantor # 2

I witnessed Guarantor # 2 sign this document on the date indicated:

...../...../.....
SignatureDate

...../...../.....
Signature of WitnessDate

.....
Full Name (please print)

.....
Date of Birth

.....
Name of Witness (please print)

.....
Full Address:

Signature of Guarantor # 3

I witnessed Guarantor # 3 sign this document on the date indicated:

...../...../.....
SignatureDate

...../...../.....
Signature of WitnessDate

.....
Full Name (please print)

.....
Date of Birth

.....
Name of Witness (please print)

.....
Full Address:

Note: All Guarantors MUST provide a copy of their Driver's License with this Application