



1/5 Downard St
BRAESIDE VIC 3195

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PLEASE COMPLETE THIS FORM **FULLY** IN BLOCK LETTERS
RETURN via **FAX** or **EMAIL**

Note: **ORIGINAL DOCUMENT MUST BE RETURNED** FOR ACTIVATION OF 30 DAY ACCOUNT.

30 DAY CREDIT APPLICATION

Date: ____/____/____

Registered Business / Company Name: _____

Trading Name: _____

A.B.N: _____

Public Co Sole Trader Pty Co Partnership

Registered Business Address: _____

Suburb _____ Postcode _____

Mailing Address: (If different from above) _____

Suburb _____ Postcode _____

Office Telephone: _____ Fax: _____

Mobile: _____ Email: _____

Accounts Payable Contact: _____

Telephone: _____ Email: _____

How long have you been trading? _____

Credit Amount Sought? \$_____ Are Order Number/s Required? YES / NO

COMPANY (DIRECTORS NAMES) if PARTNERSHIP / SOLE TRADER (PROPRIETORS)

FULL NAME	ADDRESS	MOBILE PH
1)		
2)		
3)		

TRADE REFERENCES

NAME	PHONE	FAX
1)		
2)		
3)		

TERMS & CONDITIONS

- 1) I understand the terms of sale on an open account to STRICTLY 30 DAYS and agree to abide by these terms.
- 2) I consent, Allcity Sawing & Drilling Pty Ltd to communicate with above-mentioned creditors to establish this account.
- 3) Allcity Sawing & Drilling Pty Ltd has the right to withdraw credit / terminate this agreement or vary the customer's credit limit at any time and without reason.
- 4) Any necessary action to enforce this agreement, the customer will pay reasonable attorney's fees and costs as determined by the court.

GUARANTEE

IN THE EVENT OF THE NAMED BUSINESS/COMPANY FAILING TO PAY ANY AMOUNT OWED BY THE DUE DATE OF PAYMENT OR BECOMING **BANKRUPT, INSOLVENT OR CEASING TRADING** FOR ANY REASON.

I/ WE _____
(DIRECTOR)

BEING A PARTNER / DIRECTOR / PRINCIPAL OF _____
(COMPANY)

AGREE THAT ANY BREACH OF ANY CLAUSE WHATSOEVER OF THIS AGREEMENT, **I/WE** JOINTLY AND SEPERATELY GUARANTEE PAYMENT ON DEMAND OF ALL MONIES DUE TO ALLCITY SAWING & DRILLING PTY LTD UNDER THEIR CREDIT / TRADING TERMS. **MY/OUR** COMMITMENT SHALL BE A CONTINUING UNDERTAKING. **I/WE** SHALL BE PRINCIPAL DEBTORS TO ALLCITY SAWING & DRILLING PTY LTD.

DECLARATION

I/WE ACKNOWLEDGE **I/WE** HAVE READ, UNDERSTAND AND AGREE TO ALL THE ABOVE TERMS AND CONDITIONS AND THAT ALL THE ABOVE INFORMATION IS TRUE/CORRECT AND COMPLETE.

Signature/s of Director/s or Proprietor/s

Dated this day of _____ / _____ / _____

1) _____ Name: _____

2) _____ Name: _____

3) _____ Name: _____

Witness Signature: _____ Name: _____

OFFICE USE ONLY

Accepted Declined (If declined - why?) _____

Date: _____ Approved by: _____

Client Advised Via _____ Credit Amount \$ _____