CREDIT ACCOUNT APPLICATION

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

Type of Business: ☐ Sole Trader ☐ Trust ☐ Partnership ☐ 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:		

Directors / Owners / Trustee (if more than two, please attach a separate sheet)

Full Name:		D.O.B.		
Private Address:		State:		Postcode:
Driver's Licence No:	Phone No:	Mobile No:		
Full Name:		D.O.B.		
Private Address:		State:		Postcode:
Driver's Licence No:	Phone No:	Mobile No:		

Date Business / Company Established: (current owners)		Credit Limit Required: $
Nature of Business:	Paid Up Capital:	Estimated Monthly Purchases: $
Principal Place of Business is: ☐ Rented ☐ Owned ☐ Mortgaged (to whom):		

Purchase Order Required: ☐ YES ☐ NO **Accounts to be emailed**? ☐ YES ☐ NO

Accounts Email Address:		
Accounts Contact:	Phone No:	Mobile No:
Bank and Branch:		Account No:

Account Terms: ☐ 30 days from invoice or when the works were done which ever is the lessor

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 (attached) of Paragon Scaffolding Services Pty Ltd 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 (PSS):** _____

Name: _____   Name: _____

Position: _____   Position: _____

WITNESS TO CLIENT'S SIGNATURE:

Signed: _____   Name: _____   Date: _____

OFFICE USE ONLY				
ACC / Ref No	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE
	$			/ /