

CREDIT APPLICATION FORM

This form is to be **completed in full** before credit will be approved. Please **print** details clearly.

Please select one of the following:

Individual

Partnership

Business

Company

| | |
|---|---------------|
| Business Name | |
| A.C.N : | A.B.N: |
| Registration / Start Date | |
| Invoicing address | |
| Delivery Address | |
| Registered Business Address | |
| Do you require your invoices to - be sent with goods <input type="checkbox"/> to be mailed to your invoicing address <input type="checkbox"/> | |
| Telephone | Fax |
| Email Address | |
| Accounts Payable Contact | Email Address |
| Partners and Company Directors Full Names and Private Addresses | |
| | |
| Bank and Branch | |
| Credit References – Please supply us with at least 3 . | |
| 1. | Phone |
| 2. | Phone |
| 3. | Phone |

I state that the written details are true and correct and are given in support of my application to APCSHOP ONLINE Pty. Ltd. A.C.N 117 964 217 for a credit account. I understand that the terms will be 30 days from the date of invoice and undertake to pay an additional sum of interest on demand of 1.5% per month or 12% per annum on all outstanding accounts. I understand that title to goods received does not pass until payment is made in full. I understand that this credit account may be withdrawn at any time by APCSHOP ONLINE Pty. Ltd. In accordance with section 18N of the Privacy Act 1988, I authorise APCSHOP ONLINE Pty. Ltd to confirm information about my credit arrangements (including information about my credit worthiness, credit history, credit standing or credit capacity) with credit providers named on this application and any credit reporting agency.

My Title is _____ and I am authorised to sign and complete this application.

Full Name _____

Signature _____ Date _____