

# CREDIT APPLICATION

**Advertising will not commence until this form is returned and approved**

This application for Credit will be considered and, if approved, granted on the basis of and in reliance upon the following information. Please complete the following questions accurately and in full and email it back to [craig@surfinglife.com.au](mailto:craig@surfinglife.com.au). Then please return the original to: 50 Lakelands Drive, Merrimac, 4226, QLD.

Trading Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

A.C.N.: \_\_\_\_\_ A.B.N.: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Accounts Contact Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch: \_\_\_\_\_ BSB: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

### Directors/Partners

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**Trade References:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Terms and Conditions:**

1. I/We understand that the normal trading terms are strictly 30 days. I/We undertake to pay all accounts on the due date and acknowledge that if the account becomes overdue, it can be automatically suspended until brought within the trading terms.
2. I/We understand that interest may be charged on overdue balances (15% p/a, calculated from date of invoice), and Debt Collection fees may apply (28% on invoiced amount) where applicable.

**Guarantee:**

I/we being Guarantors for the applicant company absolutely, unconditionally and irrevocably guarantee to you, the supplier, payment of all such goods sold and/or services rendered, as invoiced. Should upon the occurrence of any default in the due payment by the company, then you, the supplier, shall be entitled to proceed against me/us under this guarantee for any loss or damage incurred by you and in all respects you shall be entitled to treat me/us the guarantors as if I/we had obtained the goods or services from you directly. I/we certify that I/we are authorised to sign this Credit Application form on behalf of our business and that the information given is true and correct.

\_\_\_\_\_  
Director/Partner Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Director/Partner Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness Name