

**CUSTOMER 30 DAY CREDIT ACCOUNT APPLICATION**15-17 Lambeck Drive Tullamarine VIC 3043  
PO Box 1025 Tullamarine VIC 3043  
Tel 03 9330 0555 Fax 03 9338 6434  
sales@allfasteners.com.auPlease Complete ALL Sections.

Full Registered Business Name: \_\_\_\_\_

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

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_ Date Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated Monthly Purchase: \$ \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Purchasing Phone No: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_ Accounts Phone No: \_\_\_\_\_

**Note: Please Attach Details of Stores/Branch's that will operate on this Account.**

Are your Premises: Owned? \_\_\_\_\_ Leased? \_\_\_\_\_ If Leased, Owners Name: \_\_\_\_\_

No of Employees: \_\_\_\_\_

Bank: \_\_\_\_\_ Account No: \_\_\_\_\_ BSB No: \_\_\_\_\_

Branch: \_\_\_\_\_

**This Section Must Be Completed if a Company and/or a Trust.**

Parent Company: \_\_\_\_\_

Nominee or Trust Details: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Paid up Capital: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

**Details of Directors/Proprietors/Partners**

All Applicants must fill in full details of name &amp; private address.

1. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lics. No: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lics. No: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lics. No: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trade References: (Excluding Finance & Fuel Companies)**

List Company, Contact and Phone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**CUSTOMER 30 DAY CREDIT ACCOUNT APPLICATION**

15-17 Lambeck Drive Tullamarine VIC 3043  
PO Box 1025 Tullamarine VIC 3043  
Tel 03 9330 0555 Fax 03 9338 6434  
sales@allfasteners.com.au

**Terms & Conditions**

Please read carefully before signing.

In consideration of you granting credit, I/we declare and agree as follows:

- a) The information given is true in all respects.
- b) I/we will promptly advise you in writing of any proposed changes to the business.
- c) The account will be a 30 day account and will be paid **within 30 days** from the end of the month of purchase.
- d) I/we will pay any expenses, cost or disbursements incurred by you in recovering any outstanding monies including debt collection agency fees and solicitors costs an addition to our account.
- e) It is further agreed that at your option you may levy a service charge on all overdue accounts at the rate of 2.5% interest per month, calculated from the original date of the invoiced.
- f) Should an of the following occur:
  - i) Any information provided on this application proves to be incorrect or falsely advised,
  - ii) Any default in payment occurs and/or,
  - iii) I/we enter into bankruptcy/receivership (whether voluntary or otherwise) it is agreed that Allfasteners shall retain full right, title and interest to any goods and/or service supplied pursuant to this application.

'I/We herby apply to establish credit facilities with guarantee credit facilities which may be provided by ALLFASTENERS and agree to abide by the TERMS & CONDITIONS OF SALE as printed on the reverse side of your TAX INVOICE. I/we have read and understood the above acknowledgments and agreements.'

Signature of applicant Directors or Partners (All applicants to sign)

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed applications to: **ATTN:** Accounts Department  
P.O. Box 1025  
TULLAMARINE VIC 3043  
**OR**

**FAX :** (03) 9338 6434  
**OR**  
**EMAIL:** accounts@allfasteners.com.au