

**APPLICATION FOR CREDIT**

**FULL TRADING NAME :** \_\_\_\_\_

**BUSINESS ADDRESS :** \_\_\_\_\_

**POST CODE :** \_\_\_\_\_

**POSTAL ADDRESS :** \_\_\_\_\_

**MOBILE No.** \_\_\_\_\_ **EMAIL :** \_\_\_\_\_

**TELEPHONE No. :** \_\_\_\_\_ **FAX No. :** \_\_\_\_\_

**A.B.N. No. :** \_\_\_\_\_

**TYPE OF BUSINESS :** Sole Trader : \_\_\_\_\_ Partnership : \_\_\_\_\_ Proprietary Co.: \_\_\_\_\_ Public Co.: \_\_\_\_\_

**AMOUNT OF CREDIT REQUIRED :** \_\_\_\_\_ **CUSTOMER CONTACT :** \_\_\_\_\_

**DATE ESTABLISHED :** \_\_\_\_\_ **PAID UP CAPITAL :** \_\_\_\_\_

**NAME OF BANK :** \_\_\_\_\_ **BRANCH :** \_\_\_\_\_

**Can we send invoice via email? If yes, please provide email address :** \_\_\_\_\_

**FULL NAME & RESIDENTIAL ADDRESS OF PROPRIETOR/PARTNER/DIRECTORS :**

1 \_\_\_\_\_

**PHONE :** \_\_\_\_\_

2 \_\_\_\_\_

**PHONE :** \_\_\_\_\_

3 \_\_\_\_\_

**PHONE :** \_\_\_\_\_

**TRADE REFERENCE DETAIL**

1 \_\_\_\_\_ **PHONE :** \_\_\_\_\_

2 \_\_\_\_\_ **PHONE :** \_\_\_\_\_

3 \_\_\_\_\_ **PHONE :** \_\_\_\_\_

**DECLARATION**

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. We authorize Jomon Architectural Hardware (ACT) Pty Ltd to make enquiries into any and all matters set forth in this application, to obtain oral or written credit reports from any credit reporting agency, trade creditor, bank or any other applicable source of information for the purpose of evaluating our credit and financial responsibility.

We further authorize the references listed to provide to Jomon Architectural Hardware (ACT) Pty Ltd any information concerning the financial status of this business.

We understand this information can include any information about our creditworthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act.

We understand the information contained in this application may be used to assess an application made by us for credit, to notify and exchange information with other credit providers of a default by us.

We hereby warrant that the information contained in this application, which has been supplied for the purpose of opening a new account, is true and correct.

PLEASE PRINT & SIGN

\_\_\_\_\_  
Signed for and on behalf of the Applicant (Authorised Signatory)

\_\_\_\_\_  
Witness name (please print) and sign

Accounts are due and payable within 30 days of the end of the month of invoice. Credit may be cancelled or suspended without notice if accounts are not paid by due date. A finance charge of 2% per month or prevailing Bank Overdraft interest rate on overdue amounts may be added to your account at the discretion of **JOMON ARCHITECTURAL HARDWARE (ACT) PTY LIMITED.**

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**THE COMMON SEAL OF**

was hereunto affixed by the authority of the Board of Directors in the presence of :

I/WE \_\_\_\_\_

being Directors of \_\_\_\_\_

(hereinafter called "the Company") request **JOMON ARCHITECTURAL HARDWARE (ACT) PTY LTD** (hereinafter called "the Supplier") to supply to the Company goods and services in accordance with the Credit Application Form entered into by the Company and in consideration thereof I/WE hereby jointly and severally guarantee to the supplier that in the event of the Company failing to pay the supplier all or any of the moneys payable by it to the supplier for such goods and services then I/WE will upon demand pay to the supplier all moneys payable by the Company to the supplier.

This guarantee shall not affect the giving of any security by the Company to the supplier for the payment of moneys due and payable by the Company to the Supplier.

In the event of such failure by the company to pay the supplier for the cost of such goods and services I/WE shall be deemed to become principal debtor/s to the supplier and agree that this guarantee shall not in any way be affected by the supplier granting time or other indulgences to the Company and that the guarantee shall bind my/our personal representatives.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_  
(Guarantor's Signature)

Witness to signature of Guarantor  
(Please print name & sign on top) \_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

Address of Witness \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_  
(Guarantor's Signature)

Witness to signature of Guarantor  
(Please print name & sign on top) \_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

Address of Witness \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_  
(Guarantor's Signature)

Witness to signature of Guarantor  
(Please print name & sign on top) \_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

Address of Witness \_\_\_\_\_