APPLICATION FOR 30 DAY CREDIT ACCOUNT

THE PREMIER INDIVIDUAL PTY LTD

# (T/A PREMIND TIMBER ABN 63 609 745 897)

 Date: : / /

Name of Applicant:

Delivery Address: Postal Address: Postcode:

Email: Phone: Fax:

Premises: Owned: Lease: Period: Years

ACN: ABN:

Registered NSW Builders Number (if Applicable):

Length of time in Business years

Amount of Credit Requested per Month: $

Purchase Orders Required: Yes: No: *(If yes we will only accept orders on presentation of a written purchase order)*

Job Number Required: Yes: No:

Statements and/or invoices emailed: Yes: No:

Account Payable: Account Payable Email:

#  Trade References Name Phone Account’s Email

1.

2.

3.

**Authorization**

1. I/We wish to make application for credit account with PREMIND TIMBER in accordance with its conditions of sale.
2. I/We give PREMIND TIMBER the authority to make inquiries as to credit and financial responsibility of the Applicant and to obtain and/or give Trade References from time to time.
3. I agree that your Trading terms are strictly 30 days. In consideration of you granting credit at my/our request I/we hereby irrevocably guarantee that if the account becomes overdue and is not paid on demand I/we will accept personal responsibilty for payment.
4. This guarantee is to be a continuing guarantee and my/our liability under it shall not be affected by your giving me time or other indulgence.

 **Witness Signature Print Name**

**Signature of Applicants** (where Partners all Partners to sign)

 **Full Name Position Signature**