

# Customer Credit Application

Information we need to open your account

Fax back to Safety & Apparel Ltd - 07 866 0967

Company: (Trading name if different):

Postal Address:

Post code:

Delivery Address:

Post code:

Phone:

Fax:

E-mail For  
Accounts:

Account contact:

Mobile:

Type of Business: circle) Limited Liability Partnership Sole Trader  
Trust Incorporated Society School Other \_\_\_\_\_

(If government funded, incorporated society, or registered charity, or trust, please attach documents to confirm)

Nature of Business: \_\_\_\_\_

Length of Operation: \_\_\_\_\_

Directors/Partners/Owner (full name and residential address required please) Date of Birth:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Businesses that can tell us about your trading history (Minimum of 3 please – not Banks, Lawyers, accountants or utilities)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

Monthly Credit Limit Required \$ \_\_\_\_\_

Purchase order required: Y/N

How we like to do business (Terms and Conditions)

I/We understand that credit is granted for payment by 20<sup>th</sup> of the month following purchase and that until full payment is made to Safety & Apparel ( the Company) any goods supplied by the Company shall remain the property of the Company and may be taken back by employees or Agents of the Company if payment is overdue. I/We understand that the Company shall be entitled to terminate or suspend any credit arrangement with me/us if I/We default in any of these terms or conditions.

I/We undertake to pay the account in full on or before the due date. In default of any due payment, I/We understand that the Company may charge interest on the amount outstanding at the rate of 5% per month and I/We undertake to indemnify the Company and pay collection costs plus all legal costs on a Solicitor/client basis which the Company may incur recovering from me/us on any overdue account.

Under the terms of the Privacy Act 1993, I/We authorise any person or business or organisation to provide the Company with such information as they may require in response to their credit inquiries I/We authorise the Company to furnish to any third party details of this application and any subsequent dealings that I/We may have with the Company as a result of the application being actioned by the Company.

I confirm I have read and understand the Terms and Conditions above and agree that all purchases will be made on this basis.

SIGNED \_\_\_\_\_ (Company Director/Partner/Proprietor/Manager. Date \_\_\_\_\_)

**GUARANTEE** In consideration of Safety & Apparel supplying goods and services to the above customer I PERSONALLY GUARANTEE the due payment of all monies owed to you by the customer. I agree that no granting of time, waiver, indulgence or neglect to sue by you shall reduce or affect my liability but as between you and me I shall be deemed to be the principle debtor. I have read and understood the guarantee and my signature confirms my acceptance of the contract and guarantee.

Signature of guarantor: \_\_\_\_\_ Name of guarantor: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ D.O.B \_\_\_\_\_

Witnessed by (Name): \_\_\_\_\_ Signed: \_\_\_\_\_