

COMMERCIAL CREDIT APPLICATION

Requested Credit Amount of \$..... with payment terms are 30 days end of month.

The applicant is: A Registered Company A Partnership A Trust
 A Sole Trader Other (Specify):

Registered Name: A.B.N:

Trading Name:

Postal Address: Postcode:

Trading Address: Postcode:

Registered Address: Postcode:

Telephone: () Fax: () Email:

Names of Directors (if Registered Company) or Partners (if Partnership)

.....
.....

ID Check eg. Drivers licence, Medicare Card, Credit Card - (see attached)

Date Business Established: Date Business Commenced:

Total Issued Capital: Total Paid Up Capital:

Estimated Monthly Purchases: Accounts Balance Date:

Name of Bank: Branch:

A/C Payable Person Telephone: ()

Email:

TRADE REFERENCES CONTACT DETAILS:

Reference #1

Company Name:

Company Address:

Contract Name: Email:

Phone Number: Fax:

CONTROL BOX

Reference #2

Company Name:

Company Address:

Contract Name: Email:

Phone Number: Fax:

Reference #3

Company Name:

Company Address:

Contract Name: Email:

Phone Number: Fax:

I certify that the above information is correct and acknowledge that the acceptance by the Company of this application does not imply that credit will be granted. I accept that payment will be made based on the credit terms agreed in the quotation provided by Ardoz Holdings Pty Ltd trading as Controlbox and that we will be bound by your Terms and Conditions of Sale.

Ardoz Holdings Pty Ltd trading as Controlbox has the right to refuse the granting of credit and the commercial credit application (in its own discretion) in the event that a Guarantee and Indemnity has been completed and executed.

NAME IN BLOCK LETTERS:

* TITLE: SIGNED: DATE:

To facilitate your consideration of this Application for a Commercial Credit Account I hereby authorise you to check our credit status with the references provided and other credit agencies, obtain Credit Reports from credit reporting agencies, information about us (including information about our credit worthiness, credit history, credit standing or credit capacity) from any credit provider named in a Credit Report, and information about us from a credit reporting agency or business that reports on commercial credit worthiness. I understand that this information may be given and used to assist you to collect overdue payments, avoid default and to notify other credit providers of any default by us. I agree that we will notify you in writing of any future name change or any change to the ownership or financial structure of the Organisation.

I agree to give the Company authority to direct debit my valid credit card to clear my balances owed when payment on my account is due.

NAME IN BLOCK LETTERS:

* TITLE: SIGNED: DATE:

* (These declarations must be signed by a person who is authorised to transact business on behalf of the Applicant)