

Electrical Supplies (1990) Ltd

3 Langstone Lane Ph 03 352 0023 Fax 03 352 0670

CREDIT APPLICATION FORM

ACCOUNT NO.....

BRANCH.....

ACCOUNT NAME (in full).....

TRADING NAME (if applicable).....

BILLING ADDRESS.....

DELIVERY ADDRESS.....

CONTACT NAME.....

PHONE..... FAX..... MOBILE.....

BANK AND BRANCH..... EMAIL.....

CREDIT REFERENCES (service stations, banks, credit cards, telephone companies, power boards are not acceptable)

1..... PHONE.....

2..... PHONE.....

3..... PHONE.....

PAYMENT TERMS & CONDITIONS:

I/We apply to open a monthly credit account and acknowledge that I/We have read the terms stated and agree to abide by these terms. 1. Payment is due on the 20th day of the month following delivery. Failure to do so may result in the stopping of credit facilities without notice, until payment is made. Overdue accounts will incur interest charges at 2% above bank overdraft interest rate. 2. Continued noncompliance will result in the account being closed, and legal action taken to recover the amounts outstanding. All costs of collection including debt collector's fees will be added to the account. I/We authorise any seller or person to irrevocably provide you with such information as you may require in response to your credit enquiries for your provision of credit to me/us. I/We further authorise you to furnish any third party any details contained in this application and any details of subsequent dealings that I/We may have as a result of this application being actioned by you and to use for any lawful purpose connected with our business, any information which I/we or any third party may provide. 3. Title of these goods remains with the seller until they have been paid in full.

SIGNED..... FULL NAME OF SIGNATORY.....

DATE.....

INDIVIDUAL/SOLE TRADER OR PARTNERSHIP please complete. (Strike out those that do not apply) DOB.....

SURNAME..... FIRST NAMES.....

RESIDENTIAL ADDRESS.....

PREVIOUS ADDRESS.....

OCCUPATION..... NAME OF EMPLOYER.....

NAME & ADDRESS OF RELATIVE RESIDING ELSEWHERE.....

PHONE.....

PARTNERSHIP DETAILS: DOB.....

SURNAME..... FIRST NAMES.....

RESIDENTIAL ADDRESS.....

PREVIOUS ADDRESS.....

OCCUPATION..... NAME OF EMPLOYER.....

NAME & ADDRESS OF RELATIVE RESIDING ELSEWHERE.....

PHONE.....

VEHICLE MAKE & MODEL.....

LIMITED COMPANIES, Please complete the following.

REGISTERED NAME OF COMPANY.....

FULL NAMES & ADDRESSES OF DIRECTORS / SHAREHOLDERS.....

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ACCOUNTANT..... PHONE.....

SOLICITOR..... PHONE.....

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PERSONAL GUARANTEE:

I/We..... the Guarantor/s acknowledge the I/We understand all

the provisions and terms of this application & agree that in the consideration of Electrical Supplies (1990) Ltd agreeing to supply the above applicant

with goods and services from time to time, the Guarantor/s will pay all such moneys upon demand and shall be liable as a principal debtor in respect of

all liabilities to Electrical Supplies (1990) Ltd.

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FULL NAME OF GUARANTOR..... SIGNATURE.....

FULL NAME OF GUARANTOR..... SIGNATURE.....