

7 DAY TRADE CREDIT APPLICATION



PLEASE COMPLETE ALL SECTIONS (N/A if not applicable). USE BLACK PEN

Entity Name as Registered with ASIC:

ABN:

Established Since:

Sole Trader
 Partnership
 Private Company
 Public Company
 Trust
 Other

Head Office Address:

City:	State:	Post Code:
PROPRIEORS/PARTNERS/DIRECTORS NAME	PRIVATE ADDRESS	PRIVATE PHONE NUMBER

Registered Trading Name:

Business Address:

Postal Address:

Phone:	E-mail:	Fax:
NAME	EMAIL	PHONE
Manager:		
Accounts Payable:		

PRIVATE COMPANIES GUARANTEE (for private companies only)

I/We do hereby request Rockford Screens Pty Ltd to provide services on credit to the above mentioned private company and in consideration of Rockford Screens Pty Ltd so doing hereby jointly and severally guarantee to Rockford Screens Pty Ltd the due payment of all amounts owing to Rockford Screens Pty Ltd by said company.

Director's Signature:	Name:	Date:
Director's Signature:	Name:	Date:

TERMS AND CONDITIONS

I/We hereby apply to ROCKFORD SCREENS PTY LTD for credit accommodation and submit this information for that purpose. I/We have never been bankrupt, nor have I/We ever been a Manager or Director of any company which has gone into liquidation, appointed an official manager, entered into a scheme of arrangement with creditors or had a receiver or receiver and manager appointed.

I/We acknowledge your Company's Conditions of trade from www.rockfordscreens.com.au and also that payment shall be made within seven (7) days of the date of your invoice. I/We acknowledge overdue accounts may be closed without notice and are subject to an administration charge. I/We further agree to pay any debt collectors' expenses for any amount entrusted to a collector and to indemnify you for all other costs incurred by you howsoever arising from the collections of any monies due by me/us to you.

I/We agree, in accordance with the provisions of paragraphs (b), (e) and (h) of s. 18K(1) and/or S.18L(4) of the Commonwealth Privacy Act 1988, that Rockford Screens Pty Ltd has informed me/us, in accordance with s.18E(8) (c) of the Privacy Act 1988, that:

* certain items of personal information about me/us contained in this application and permitted to be kept on a credit information file might be disclosed to a credit reporting agency, and/or

* disclosure by a credit reporting agency; and/or

* Use of the relevant information referred to in those sections may occur for the purpose of assessing this application.

I/We acknowledge that this agreement shall continue to have effect for the duration of the loan contract should my/our application be approved

Owner/Partner/Director/Company Secretary Signature:	Name of Position:	Date:
Owner/Partner/Director/Company Secretary Signature:	Name of Position:	Date:

Witness Signature:	Date:
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Witness's Full Name & Address:
(if applicable)

Signature:

OFFICE USE ONLY	Date Received:	Account Code:
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PLEASE RETURN COMPLETED FORM TO accounts@rockfordscreens.com.au or FAX: 07 3133 0811

Rockford Screens Pty Ltd ABN 231 5066 160 689