

Application for Credit Account

TO BE RETURNED TO P.O. BOX 411, ALEXANDRIA N.S.W. 2015

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I/We _____ ABN _____
(Name of Legal Entity)

trading as _____ (Ph. No.): _____
(Trading name)

Type of Business _____ (Fax No.): _____

of _____ Postcode _____
(Address)

Postal Address _____ Postcode _____

hereby request that you open a 30 DAY CREDIT ACCOUNT in my/our name for the supply of goods and/or services.

LTD or PTY COMPANY or SOLE TRADER or PARTNERSHIP DATE REGISTERED: _____ STATE: _____

AUTHORISED CAPITAL \$ _____ PAID UP CAPITAL \$ _____

DIRECTORS/PROPRIETORS

FULL NAME _____ PRIVATE ADDRESS _____ PHONE _____

FULL NAME _____ PRIVATE ADDRESS _____ PHONE _____

FULL NAME _____ PRIVATE ADDRESS _____ PHONE _____

FULL NAME _____ PRIVATE ADDRESS _____ PHONE _____

TRADING BANK: _____ BRANCH: _____ PHONE _____

1. Trade Reference: _____ PHONE _____

2. Trade Reference: _____ PHONE _____

3. Trade Reference: _____ PHONE _____

In consideration of my/our application for a 30-day CREDIT ACCOUNT being approved I/we undertake to settle all accounts promptly and to immediately notify you of any change in the particulars set out above.

I/we clearly understand that any breach of this undertaking will involve withdrawal of credit and issue of legal process for recovery of any outstanding moneys and costs.

I/we agree that in the event the account is not paid by me/us within 30 days that I/we shall become liable to pay your additional costs and administrative charges which will accrue and become part of the outstanding debt.

Signed: _____ Date: _____

Name: (Mr, Mrs, Ms, Miss) (Print) _____ Position: _____

In the case of a Pty. Company or Partnership, Guarantees by Directors/Partners:

In consideration of you opening a Credit Account as requested above I the person referred to above as the Guarantor and where more than one we jointly and severally hereby guarantee to you the due and punctual payment of all moneys payable by the debtor in connection with the said Credit Account. No conduct action forbearance omission or default on the part of you or the debtor shall void release or discharge this guarantee.

GUARANTOR WITNESS
FULL NAME: _____ FULL NAME: _____
(PRINT) (PRINT)

SIGNATURE: _____ ADDRESS: _____
SIGNATURE: _____

GUARANTOR WITNESS
FULL NAME: _____ FULL NAME: _____
(PRINT) (PRINT)

SIGNATURE: _____ ADDRESS: _____
SIGNATURE: _____

OFFICE USE ONLY

Originating Branch _____ Salesperson: _____ Date: ____ / ____ / ____

Approved Credit Department _____ Limit _____ Date _____



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