



# NEW CLIENT

# CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions overleaf or attached.

<b>Client's Details:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other:					
Full or Legal Name:					
Trading Name (if different from above):					
Physical Address:				State:	Postcode:
Billing Address:				State:	Postcode:
Accounts Email Address:					
Phone No:		Fax No:		Mobile No:	
<b>Personal Details:</b> <i>(please complete if you are an Individual)</i>					
D.O.B.:			Driver's Licence No.:		
<b>Business Details:</b> <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)</i>					
ABN:		ACN:		Date Established <i>(current owners)</i> :	
Nature of Business:					
Paid Up Capital: \$		Estimated Monthly Purchases: \$		Credit Limit Required: \$	
Principal Place of Business is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <i>(to whom)</i> :					
Directors / Owners / Trustee <i>(if more than two, please attach a separate sheet)</i>					
(1) Full Name:				D.O.B.:	
Private Address:				State:	Postcode:
Driver's Licence No.:		Phone No.:		Mobile No.:	
(2) Full Name:				D.O.B.:	
Private Address:				State:	Postcode:
Driver's Licence No.:		Phone No.:		Mobile No.:	
<b>Account Terms:</b> <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> Other:					
Purchase Order Required? <input type="checkbox"/> YES <input type="checkbox"/> NO			Accounts to be emailed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Accounts Email Address:					
Accounts Contact:				Phone No.:	
Bank and Branch:				Account No.:	
<b>Trade References:</b> <i>(please provide companies that are willing to do trade references)</i>					
Name:		Address:		Phone / Fax / Email:	
1.					
2.					
3.					

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS (overleaf or attached) of Peter Sadler Transport Pty Ltd T/A Peter Sadler Removals & Logistics which form part of, and are intended to be read in conjunction with this New Client Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.**

**SIGNED (CLIENT):** \_\_\_\_\_ **SIGNED (PST):** \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

**WITNESS TO CLIENT'S SIGNATURE:**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY						
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	PAYMENT METHOD			DATE
	\$		CC	EFT	DD	/ /

