**CREDIT ACCOUNT APPLICATION FORM**

All questions must be answered.

The Customer hereby applies to open a Credit Account with Australian Managed Servicing Pty Ltd “AMS”

|  |  |
| --- | --- |
| Customers Full Name: |  |
| Trading Name (if applicable): |  |
|  |  |
| Head office Address |  |
| Suburb: |  | State: |  | Postcode: |  |
|  |  |  |  |  |  |
| Postal Address: |  |
|  |  |
| Suburb: |  | State: |  | Postcode: |  |
|  |  |  |  |  |  |
| ABN: |  | ACN: |  |
| Phone: |  | FAX: |  |
| Email: |  | Website: |  |
| Full Names and Addresses of Directors, Partners or Proprietors of Customer; |
| Name |  | Position |  | Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
| Amount Requested**: A$** |  |
| Terms Requested: |  |
| Note: AMS not in a position to offer credit on GST/DUTY on your imports. Unless you have arranged for its deferral or agreed to pay the GST/DUTY directly to the Australian Boarder Force, AMS will require GST/DUTY to be paid before delivery is arranged. |
| Trade References (3 Required): |
| Business Name |  | Contact Name |  | Direct Phone Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Accounts Contact: |
| Name |  | Direct/Mobile Number |  | Email Address |
|  |  |  |  |  |
|  |  |  |  |  |
| Management Contact: |
| Name |  | Direct/Mobile Number |  | Email Address |
|  |  |  |  |  |
|  |  |  |  |  |
| Operational Contacts: |
| Name |  | Direct/Mobile Number |  | Email Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

On behalf of the customer I confirm that I have read and understood the attached Terms and Conditions of Trade and that the Customer acknowledges that it is bound by such Terms and Conditions and that the conditions will govern any contract for the delivery of goods entered into between the Customer and AMS.

I confirm all the information given within this application is correct and that no material information has been withheld. I authorise AMS to conduct credit checks or obtain a credit worthiness report as permitted under the Privacy Act. I declare that I am authorised to sign this document.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Authorised Signatory |  | Date |
|  |  |  |
| Full Name of Authorised Signatory |  | Position of Authorised Signatory |
|  |  |  |
| AMS Witness Signature |  | AMS Witness Name |