



Micromax Pty Ltd

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Application for Commercial Credit Facility

Application is hereby made by the customer named below to establish a commercial credit account with Micromax Pty Ltd.

Type of entity: Sole Trader Partnership Company Trustee

ACN/ABN: _____

Registered Business Name (Customer): _____

Trading Name: _____

Registered Office Address: _____ Postcode: _____

Delivery Address: _____ Postcode: _____

Accounts Contact: _____
 Phone: _____ Email: _____

Phone: () _____ A.H.() _____ Fax: _____

Nature of Business: _____

Commencement Date: _____ Paid up Capital: \$ _____

Bank: _____ Branch: _____ A/C Number: _____

Trading Premises: Owned: Leased: If Leased, name Lessor: _____

Full Name of Directors/Partners	Residential Address and Phone No.

Credit Limit Requested \$ _____

Name of Micromax Representative: _____

CREDIT REFERENCES:-

1. _____ Phone: () _____ Fax No: () _____
 Email: _____

2. _____ Phone: () _____ Fax No: () _____
 Email: _____

3. _____ Phone: () _____ Fax No: () _____
 Email: _____



Acknowledgement of Terms

The consideration of all sales/supply contracts (hereafter called the "Contracts") entered into hereafter with **Micromax Pty Ltd** hereby:

- 1) acknowledges **Micromax Pty Ltd** trading terms of paying all amount due under the contracts, within thirty (30) days of the end of the calendar month in which the Contracts were executed; and
- 2) agree to comply in all respects, with the provisions of the contracts and in particular, without limitation, usual trading terms.

Agreement to Micromax Pty Ltd seeking from or giving to other credit providers details about my/our credit worthiness (Section 18N(1) (b) Privacy Act – 1998).

I/We agree that **Micromax Pty Ltd** may give to and seek from any credit providers named in this credit application and any credit providers that may be named in a credit report issued by a credit reporting agency, information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act.

I/We understand the information may be used for the following purposes:

- to assess an application by me/us for credit
- to notify other credit providers of a default by me/us.
- to exchange information with other credit providers as to the status of this loan where I/we are in default.
- to assess my/our credit worthiness.

Signed: _____ Position: _____

Printed Name: _____

Who by signing warrants that he/she has all requisite authority and that the current document as completed and all the information supplied about the customer to **Micromax Pty Ltd** in connection with the application is true and correct and that there is no known reason to suspect the company is or may become insolvent.

In the presence of: _____ Witness signature: _____

Address of Witness: _____

Dated this _____ day of _____, 20_____

OFFICE USE ONLY

CREDIT LIMIT	DATE	AUTHORISED BY
\$	/ /	SIGNATURE

Account Code:- _____

Date Account Opened:- _____

Approved by:- _____

Account Closed by:- _____