

## CREDIT ACCOUNT APPLICATION

**To Be Completed By Applicants** - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.  
 This is a Credit Account Application Form under the Construction Contracts Act 2002. Please read clause 25 on the reverse.

|  |  |  |                                       |                                |
|--|--|--|---------------------------------------|--------------------------------|
| <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: <i>(If different from above)</i>   |  |  |                                       |                                |
| Physical Address:  |  |  |                                       | Postcode:                      |
| Billing Address:   |  |  |                                       | Postcode:                      |
| 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>  |  |  |                                       |                                |
| Company Number:  |  |  | Date Incorp. <i>(current owners):</i> |                                |
| Nature of Business:  |  |  |                                       | GST No: <i>(if applicable)</i> |
| 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:   |  |  |                                       | Postcode:                      |
| Driver's Licence No:   |  | Phone No:  |                                       | Mobile No:                     |
| (2) Full Name:   |  |  | D.O.B.:                               |                                |
| Private Address:   |  |  |                                       | Postcode:                      |
| Driver's Licence No:   |  | Phone No:  |                                       | Mobile No:                     |
| <b>Account Terms:</b> <input type="checkbox"/> 20 Days <input type="checkbox"/> COD <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 OF TRADE (overleaf or attached) of Acon Industries 2015 Limited T/A Acon Industries which form part of, and are intended to be read in conjunction with this 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 (ACON):** \_\_\_\_\_

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

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

**WITNESS TO CLIENT'S SIGNATURE:**

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

| OFFICE USE ONLY    |              |             |               |      |
|--------------------|--------------|-------------|---------------|------|
| Account / Ref. No. | CREDIT LIMIT | APPROVED BY | DATA INPUTTED | DATE |
|                    | \$           |             |               | / /  |