

PacPlus Wholesalers Pty Ltd

57 Alexandra Street
North Rockhampton Qld 4701

Incorporating PacPlus Butchers' Supplies

A.C.N. 008 995 162 A.B.N. 48 088 995 162

PO Box 6588 Red Hill Centre Qld 4701

Phone +61 7 4926 1681 Fax +61 7 4926 1792

Email – info@pacplus.com.au Web – www.pacplus.com.au

APPLICATION FOR A COMMERCIAL CREDIT ACCOUNT

1. Customer Details

Please tick one: Sole Trader Partnership Private Company Public Company

Trading Name: _____

Full Business/Company Name: _____

A.C.N. _____ A.B.N. _____

Business Address: _____

Postal Address: _____

Phone: _____ Mobile: _____ Facsimile: _____

Contact Person: _____ E-mail: _____

Description of Business: _____

Date of Commencement of Business: _____

2. Details of Director(s) (if Company) OR Proprietor(s) (if Partnership or Sole Trader)

1. Full Name: _____ Date of birth ____ / ____ / ____

Address: _____

SUBURB POSTCODE DRIVER'S LICENCE

2. Full Name: _____ Date of birth ____ / ____ / ____

Address: _____

SUBURB POSTCODE DRIVER'S LICENCE

3. Full Name: _____ Date of birth ____ / ____ / ____

Address: _____

SUBURB POSTCODE DRIVER'S LICENCE

4. Full Name: _____ Date of birth ____ / ____ / ____

Address: _____

SUBURB POSTCODE DRIVER'S LICENCE

3. Details of Any Trust

Is the Customer the trustee of a trust? Yes No

If "Yes", identify the name of the trust: _____ ABN: _____

4. Amount of Credit Sought

Estimated monthly purchases: \$ _____ ***PacPlus to Complete:*** Credit Limit Approved: \$ _____

5. Trade / business references [3 major suppliers]

Business name:	Person to Contact:
Address:	Phone / Fax / E-mail:

Business name:	Person to Contact:
Address:	Phone / Fax / E-mail:

Business name:	Person to Contact:
Address:	Phone / Fax / E-mail:

6. Declaration and Execution

In accordance with Section 18N(1)(b) of the Privacy Act, I authorise the Company to give to and obtain from credit providers named in this credit application and credit providers that may be made in a credit report issued by a credit reporting agency information about my credit arrangements. I understand this information about my 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 1988.

I/we apply for an account with the Company and have read and agree to comply with the Terms and Conditions of Trading as set out on the back hereof or accompanying this application, and to pay the full account within thirty days of the end of the month in which the liability is incurred.

I/we further acknowledge that ownership of goods covered by any invoice from the Company shall not pass to me/the company until payment for such goods has been made to the Company and that the Company shall have the right to repossess any such goods for which payment is overdue.

Name of Duly Authorised Officer

_____ Title _____ Signature _____ Date _____

Director's Personal Guarantee:

In consideration of the Company extending credit to this company, I, a director do personally guarantee the performance of the company and agree to pay personally any overdue amounts upon demand.

Please print name:

_____ Signature _____ Date _____

Home Address _____

_____ Post Code _____ Home Phone (_____) _____

Driver's Licence Number: _____ Expiry Date: _____ Copy Attached _____

Please print name:

_____ Signature _____ Date _____

Home Address _____

_____ Post Code _____ Home Phone (_____) _____

Driver's Licence Number: _____ Expiry Date: _____ Copy Attached _____