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APPLICATION FOR CREDIT ACCOUNT

7, 14, 30 DAY TERMS FROM INVOICE DATE

PLEASE CIRCLE ONE

BUSINESS DETAILS

Trading Name:
Entity Type – Registered Company: Sole Trader: Partnership:
Company / Business Name:
A.C.N: A.B.N:
Nature of Business:
P.O. # Required (Y/N): Commencement Date of Trading:
Business Address: Post Code:
Postal Address: Post Code:

PURCHASING OFFICER

ACCOUNTS

Contact Name:
Email Address:
Telephone:
Fax:

DETAILS OF ALL DIRECTORS/ PROPRIETORS

- 1. Surname: First Name:
Telephone: Sign:
- 2. Surname: First Name:
Telephone: Sign:
- 3. Surname: First Name:
Telephone: Sign:

PERSONAL GUARANTEE

(IMPORTANT: Please complete if the applicant is **NOT** a sole trader or partnership)

In consideration of JP Pallets and its administrators and assignees at my/ our request granting financial accommodation and/ or credit terms:

Customer Company Name:

We hereby jointly and severally guarantee the repayment by the customer of all monies owed by the customer, or which may in the future become owing by the customer to JP Pallets (including interest and any collection or legal fees payable by the customer). This shall be a continuing guarantee and shall not be affected by the efflux ion of time, any indulgence granted by JP Pallets to the customer, nor by any insolvency or arrangement with creditors entered by the customer. We acknowledge that we have read the terms of trading and agree to guarantee the due performance by the company of its obligations under the terms of trading.

Dated the Day of 20 11

GUARANTOR 1

Full Name:

Residential Address:

.....

Signature:

Witness Name: Signature:

GUARANTOR 2

Full Name:

Residential Address:

.....

Signature:

Witness Name: Signature:

DECLARATION

I / We..... (“the applicant”)

Hereby applies for a 7, 14, 30 day credit amount with JP Pallets, and agree(s) to observe and be bound by the terms & conditions (attached) by JP Pallets as are from time to time force. I / We (the undersigned) declare/s that at the date of this application the applicant is solvent and able to meet its agreement with JP Pallets when they fall due.

Dated the..... Day of 2011

Director/ State Manager to sign

Signed:

Print Name:

Position Held:

TRADE REFERENCES

(Please supply 3 references)

PLEASE NOTE: ACCOUNTANTS, SOLICITORS, BANKS, FINANCIAL INSTITUTIONS, CREDIT CARD PROVIDERS, TELEPHONE, ELECTRICITY & GAS COMPANIES ARE NOT SUITABLE TRADE REFERENCES.

Business Name:

Contact Name:

Email Address:

Phone: ()..... Fax: ().....

Business Name:

Contact Name:

Email Address:

Phone: ()..... Fax: ().....

Business Name:

Contact Name:

Email Address:

Phone: ()..... Fax: ().....

Credit Limit Required \$.....

PRIVACY AUTHORITY

(Commonwealth Privacy Act 1998)

Authority to seek credit information

I / We agree that for the purpose of the Privacy Act (as amended) and for the purpose of the Seller assessing the Applicant's Application for Credit and administering any credit which is provided to the Applicant, the Seller may obtain:

~ Information relating to my / our commercial credit worthiness

~ A credit report; and / or

~ Personal information from any credit reporting agency or any financial institution or credit provider

whose name appears in credit report supplied to the Seller or whose name is given to the Seller by me / us ("Information").

Authority to disclose information

I / We agree that the seller may disclose to, or discuss with, any reporting agency, and prospective guarantor and any person or body agreeing or considering whether to agree to be liable for any credit to be made available by the Seller to the Applicant, any information maintained or in the possession of the Seller relating to my / our application for, or the administration of the credit.

DECLARATION

I / We understand / authorize the Seller to obtain and use personal information about me/ us in accordance with the Privacy Act (as amended) and acknowledge that the authorizations contained in this document will continue to remain in full force and effect until all credit facilities cease to be made available.

Dated the Day of 20

1..... 2..... 3.....
Signature Signature Signature

.....
Name Name Name

The applicant must, where the applicant is / are natural person(s) complete the Privacy Act authorization set out above. Where the Applicant is a company, the director(s) of the Applicant must complete the Privacy act authorizations set out above.

Please Note: All credit card payments will attract a 2% surcharge, AMEX payments a 3% surcharge.