

Please fax this completed form back to Australian Graphic Supplies Pty Ltd (AGS) on our central credit control department: Fax Number: 1300132 688

**Applicant's Name / Company Name:** \_\_\_\_\_

**Trustee, Partnership OR Sole Trader**

**Proprietary Limited Company**

Please Sign Agreement on Page 1: Copy of Trust Deed & Drivers Licence Required

Please Complete Pages 1 & 2

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

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_ Email: \_\_\_\_\_

ABN No: \_\_\_\_\_ ACN No: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Business Commenced: \_\_\_\_\_

No of Employees: \_\_\_\_\_ Premises: Owned / Leased      Approx Monthly Purchases: \$ \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

## Trade References: (min \$500 per mth + min. 1 years trading)

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax No: \_\_\_\_\_

Payment is due 30 days from date of statement.

1. The account, if granted, is for 30 days credit only and credit may be withdrawn at any time by AGS.
2. If an account becomes overdue AGS shall have the right to charge interest at a rate of 1.25% per month from the due date to the date that the account is paid in full and should the account be referred to a collection agency the Applicant shall pay a 15% collection fee plus legal costs on a solicitor/own client basis.
3. Should a dispute arise the parties mutually agree to the jurisdiction of the Courts of Queensland.
4. The applicant agrees that AGS may perform credit searches and provide data to other parties of the existence of this credit application and any defaults of same.
5. The applicant agrees that upon any default lasting more than 45 days, AGS may lodge a caveat over any and all property owned by the applicant and/or the guarantor.
6. I / We further acknowledge and agree that Australian Graphic Supplies Pty Ltd remains the owner of the goods supplied, until paid for in full, and I / we agree to pay the costs, if any, incurred in the collection of the account in the event of default.
7. This Credit Application is subject to AGS Terms and Conditions as attached.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guarantee by the Directors of a Proprietary Limited Company**

(Not required if you are a sole trader – Please see Trustee/Sole Trader requirements on Page 1)

Applicant Company: \_\_\_\_\_ ABN #: \_\_\_\_\_

In consideration of AUSTRALIAN GRAPHIC SUPPLIES PTY LTD agreeing to supply goods and or services to the Applicant on credit,

I / we the undersigned Director/s of the Applicant, as Guarantor/s, do hereby covenant and agree with AUSTRALIAN GRAPHIC SUPPLIES PTY LTD as follows:

1. I / We hereby guarantee to you the due payment of all monies which are now or shall hereafter become due and owing to you by the Applicant on any account whatsoever and in particular for credit extended to the Applicant.
2. This Guarantee shall be a continuing Guarantee and shall not be terminated by either the death of the Guarantor or the liquidation of the Applicant or by any time or other indulgence granted to the Applicant or variation of the terms of trading between you and the Applicant.
3. You shall be at liberty without notice to us or the Applicant at any time and without in any way discharging us from any liability hereunder to grant time or other indulgences to the Applicant and to treat the Applicant in all respects as though I / we the Guarantors were jointly and severally liable with the Applicant instead of us being merely surety for the Applicant.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

If the company has two or more directors, at least two directors are required to sign below :

1)

_____	_____
Full Name of Director	Full Name of Witness
_____	_____
Signature of Director	Signature of Witness
_____	_____
Director Date of Birth	Director Drivers Licence No

2)

_____	_____
Full Name of Director	Full Name of Witness
_____	_____
Signature of Director	Signature of Witness
_____	_____
Director Date of Birth	Director Drivers Licence No