

CREDIT APPLICATION FORM

1. BUSINESS DETAILS			
Legal Entity: Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			
Full Legal Name: _____			
Trading Name: _____			
ACN: _____			
ABN: _____			
Establishment Date: _____		Yrs under present management: _____	
Occupation/Class of Business: _____			No of Employees: _____
Business Address: _____			
Postal Address: _____			
Registered Address: _____			
Business Premises: Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Rented <input type="checkbox"/>			
Office Phone: _____		Fax: _____	
Mobile: _____		Email: _____	
A/c Contact: _____		Position: _____	Email: _____
Authorised Capital:\$ _____		Paid up Capital:\$ _____	
Payment Terms: _____			
Estimated Monthly Credit Requirements:\$ _____		Order Number must be used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. TRADE REFERENCES (Must agree to give references & your credit requirements must be similar)			
Business: _____		Contact: _____	Ph: _____
Business: _____		Contact: _____	Ph: _____
Business: _____		Contact: _____	Ph: _____
3. DETAILS OF BUSINESS OWNERS/DIRECTORS			
(1)		(2)	
Full Name: _____		Full Name: _____	
Private Ph: _____	Date of Birth: _____	Private Ph: _____	Date of Birth: _____
Private Address: _____		Private Address: _____	

4. GUARANTEE & INDEMNITY (To be completed by directors of companies)

In consideration of The Trustee for DSCC Investment Trust providing goods and services on credit to the company named in this document, I/we (being directors of the company hereby accept personal liability jointly and severally with the company for all debts incurred by the company to The Trustee for DSCC Investment Trust and agree to indemnify The Trustee for DSCC Investment Trust in the event of non-payment by the company . I/We understand that as a result of my/our acceptance of personal liability, The Trustee for DSCC Investment Trust may recover from me / us the total debt payable by the company to The Trustee for DSCC Investment Trust from time to time. I/We acknowledge that my/our obligation shall continue until full payment of the debts, whether or not we resign or otherwise cease to be involved in the company and notwithstanding any change in the payment terms of the debts incurred by the company to The Trustee for DSCC Investment Trust.

To secure the payment of all monies owing to The Trustee for DSCC Investment Trust by the company and/or by me/us hereunder I/we hereby charge with the due payment thereof all my/our right, title, estate and interest in any real property which I/we own, both present and future, wherever located. I/We hereby appoint as my/our duly constituted attorney The Trustee for DSCC Investment Trust's company secretary from time to time to execute in my/our name and as my/our act and deed (even though I/we may not have defaulted in carrying out my/our obligations hereunder) any real property mortgage, caveat or consent to any caveat The Trustee for DSCC Investment Trust may choose to register or lodge against my/our title to any real property in any State or Territory of Australia and I/we will indemnify and keep indemnified such attorney from and against all damages, costs, losses and expenses which such attorney may suffer or incur as a result of the exercise of the powers herein contained.

Guarantor Full Name:	Guarantor Full Name:
Street Address:	Street Address:
Signature & Date:	Signature & Date:
Witness Full Name:	Witness Full Name:
Street Address:	Street Address:
Signature & Date:	Signature & Date:

5. AGREEMENT (All business owners/directors listed in section 3 must sign this agreement)

- I/We certify that the information I/we have supplied is true and correct.
- Under the Privacy Act 1988 I/we give permission to The Trustee for DSCC Investment Trust to obtain commercial and consumer credit information about me/us from a credit reporting agency.
- I/We agree to the terms & conditions attached which I/we have read, understood and signed.

Full Name:
Signature:
Date:

Full Name:
Signature:
Date:

OFFICE USE ONLY

Information verified Yes No Signed & Dated _____/_____/_____

Client Number/Reference _____