DUCATS

Ducats Earthmoving Pty Ltd ABN 21 158 553 710 148 Miller Street, ARMIDALE NSW 2350 Ph (02) 6772 7255 - Fax (02) 6772 8164 Email accounts@ducats.net.au Web www.ducats.net.au

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Type of Business: Sole Trader o	Trust O	Partnership O	Company o	Individual o	
Company or Individual Name:			ABN No:		
Trading Name:			ACN No:		
Physical Address:			State:	Postcode:	
Billing Address:			State:	Postcode:	
Email Address:			Phone No:		
Alternative Email Address:			Fax No:		
Directors / Owners / Trustee (if more than tw	o, please attach a	separate sheet)			
Full Name:			D.O.B.		
Private Address:			State:	Postcode:	
Driver's Licence No: Phone No:		Mobile No:			
Full Name:			D.O.B.		
Private Address:			State:	Postcode:	
Driver's Licence No:	1		Mobile No:		
	Flidhe No.				
Date Business / Company Established: (Current Owners)			Credit Limit Required: \$		
Nature of Business: Paid Up Capital:			Estimated Monthly Purchases: \$		
Principal Place of Business is: o Rented o Ov	vned o Mortgage	d (to whom)			
Purchase Order Required: • YES	o NO	Accounts to be	emailed? o YES	o NO	
Accounts Email Address:					
Accounts Contact: Phone No:			Mobile No:		
Bank and Branch:			Account No:		
	<u> </u>	Other			
Account Terms: 30 Days EOM o	COD o	Other:			
Trade References: (Please provide companies	that are willing to	do trade references)			
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 Ducats Earthmoving Pty Ltd 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 Customer I shall be personally liable for the performance of the Customer's obligations under this contract.*

SIGNED (CUSTOMER):	SIGNED (DUCATS):	
Name:	Name:	
Position:	Position:	
WITNESS TO CUSTOMER'S SIGNATURE:		
Signed:	Name:	Date:

ACC / Ref No	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE
	\$			/ / EC Credit Control 1999 - 2015