

# CREDIT APPLICATION

## BUSINESS OWNER DETAILS

Organisation \_\_\_\_\_

Number of Years trading under this name. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bank BSB \_\_\_\_\_ Account number \_\_\_\_\_

ABN \_\_\_\_\_

ACN \_\_\_\_\_

Please tick one of the following  
 Pty Ltd     Partnership     Sole Trader     Public Company

Name of Registered Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_

## TRADE REFERENCES

1. \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_

2. \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_

3. \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_

## ACKNOWLEDGMENT

### Title and Risk

Risk passes to the buyer upon despatch of the goods in accordance with the contract, but title to the goods shall not pass to the buyer until the goods are paid for in full. The buyer licenses the company to enter the premises where any goods are kept for the purposes of checking or exercising any right of ownership including removal.

I understand to advise of any changes of ownership and I agree to the trading terms listed on this form.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For & on behalf of  
(Company name)

Signature

## OWNERS' OR DIRECTORS' DETAILS

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

## DIRECTORS' DETAILS PERSONAL GUARANTEE

### Personal Guarantee (applies to Pty LTD only)

I/We note that trading terms are 14 days from invoice date. I/We note terms and conditions of sale. I/We guarantee payment of any and all accounts for goods purchased by the above company/business, together with any cost associated with legal representation or out of pocket expenses associated with the collection of any outstanding monies. I/We understand that this guarantee binds me/us personally.

### DIRECTORS DETAILS

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Minuteman Press Melbourne North & CBD  
 203 Arden Street North Melbourne Victoria 3051  
 377 Little Lonsdale Street Melbourne Victoria 3000  
 Phone: 03 9328 2844 / 03 9670 4533  
 Email: info@mmpmelb.com.au

ON COMPLETION OF THIS FORM, PLEASE SEND A COPY TO  
 admin@mmpmelb.com.au