

APPLICATION FOR CREDIT

CONSIDERATION:

Amount Requested: \$ _____

Reason for request:
(please tick)

Private works

Quarry

Other: _____

YOUR DETAILS:

Name: _____ ABN: _____

Street Address: _____ Town: _____ Postcode: _____

Telephone: _____ Email: _____

Bank BSB: _____ Bank Account Number: _____

FURTHER DETAILS:

Individual applicant:

Business name of current employer: _____

Length of employment with this employer: _____

Residential status: I own the home in which I live.

I rent the home in which I live.

Driver's Licence No: _____

Partnership/Company applicant:

Names of Director 1: _____

Address of Director 1: _____

Names of Director 2: _____

Address of Director 2: _____

Names of Director 3: _____

Address of Director 3: _____

(All directors need to be listed. Please provide the names and addresses of any additional directors on a separate sheet and staple to this form.)

TRADE REFERENCES:

Please provide the name and contact details for three trade referees.

Name: _____

Telephone: _____ Email: _____

Name: _____

Telephone: _____ Email: _____

Name: _____

Telephone: _____ Email: _____

TERMS AND CONDITIONS:

I/we _____
(please print names of all individuals/partners)

Trading as: _____

Street Address: _____ Town: _____ Postcode: _____

hereby request that you open a 30-day commercial credit account in my/our name for the supply of goods and/or services.

In consideration of my/our application for 30-day commercial credit account being approved, I/we undertake to settle all accounts, in full, within 30 days of receiving the invoice and to notify immediately Coonamble Shire Council of any change in particulars set out above.

I/we clearly understand that any breach of this understanding will involve withdrawal of credit and issue of legal proceedings for recovery of any outstanding monies and costs for which I/we will be liable.

If Coonamble Shire Council considers it relevant in assessing my/our application for commercial credit, I/we agree to Coonamble Shire Council's obtaining information, from a credit reporting agency or the trade referees provided, about me/us in relation to this application.

Further, if Coonamble Shire Council considers it relevant to collecting overdue payments in respect of commercial credit, I/we agree to Coonamble Shire Council's receiving, from a credit reporting agency, a credit report containing information about me/us in relation to collecting those overdue payments.

I/we agree that Coonamble Shire Council may give to and seek from any credit application and any credit provider that may be named in a credit report issued by a reporting agency information about my/our credit arrangements. I/we understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act.

I/we understand that the information may be used for the following purposes:

- To assess an application by me/us for credit.
- To notify other credit providers of a default by me/us.
- To exchange information with other credit providers as to the status of this credit facility where I am in default with other credit providers.
- To assess my/our credit worthiness.

I/we agree to provide personal guarantees should this be required by Coonamble Shire Council.

I/we have read and understand these terms and conditions and agree to adhere to them.

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

OFFICE USE ONLY:

Credit Approved: Yes No

Limit: _____

Date: ____/____/____

Debtor Number: _____

Debtor Name: _____