



# O'Connors Carrying Service

ABN 16 010 910 451 - PO Box 791, Murwillumbah NSW 2484  
 Ph (02) 6672 1638 - Email admin@oconnorscarrying.com.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 <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/>                          |           |                  |                                 |           |
| Company Name:   |           |                  | ABN:                            |           |
| Trading Name:   |           |                  | ACN:                            |           |
| Physical Address:   |           |                  | State:                          | Postcode: |
| Billing Address:  |           |                  | State:                          | Postcode: |
| Email Address:  |           |                  | Phone No:                       |           |
| Alternative Email Address:  |           |                  | Fax No:                         |           |
| <b>Directors / Owners / Trustee</b> (if more than two, 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:  | Phone No: |                  | Mobile No:                      |           |
| Date Business / Company Established: (Current Owners)   |           |                  | Credit Limit Required: \$       |           |
| Nature of Business:   |           | Paid Up Capital: | Estimated Monthly Purchases: \$ |           |
| Principal Place of Business is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged (to whom)   |           |                  |                                 |           |
| Purchase Order Required: <input type="checkbox"/> YES <input type="checkbox"/> NO                      Accounts to be emailed? <input type="checkbox"/> YES <input type="checkbox"/> NO |           |                  |                                 |           |
| Accounts Email Address:   |           |                  |                                 |           |
| Accounts Contact:   |           | Phone No:        | Mobile No:                      |           |
| Bank and Branch:  |           |                  | Account No:                     |           |
| Account Terms:    30 Days EOM <input type="checkbox"/> COD <input type="checkbox"/> 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 D.P.W.P Investments Pty Ltd T/A O'Connors Carrying Service 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 (O'CONNORS):** \_\_\_\_\_

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

Position: \_\_\_\_\_ Position: \_\_\_\_\_

**WITNESS TO CUSTOMER'S SIGNATURE:**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

| OFFICE USE ONLY |              |             |               |      |
|-----------------|--------------|-------------|---------------|------|
| ACC / Ref No    | CREDIT LIMIT | APPROVED BY | DATA INPUTTED | DATE |
|                 | \$           |             |               | / /  |