

AlMet ALUMINIUM

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CREDIT APPLICATION

I/We hereby make application for the opening of a 30 DAY Credit Account and provide the following information in support thereof : (This information will be treated as strictly confidential).

Registered Company Name: _____

Full Trading Name: _____

ABN No.: _____

Registered Office Address: _____

Business Address: _____

Postal Address: _____

Telephone No.: ----- Fax No.: ----- Mobile No.:-----

Email Address: _____ Type of Business: _____

Date Commenced: _____ (If under 1 yr, Name and Address of ex-employer or
Previous Business

Name of Bank: _____ Branch: _____

Principal Owners and/or Directors:

	<i>Surname</i>	<i>Christian Names</i>	<i>Residential Address</i>	<i>Phone Number</i>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Trade References:

	<i>Name</i>	<i>Telephone Number</i>	<i>Fax Number</i>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

The customer agrees that our trading terms are 30 days after EOM. The customer agrees that they will be liable for all costs associated with the recover of any outstanding invoices. Such costs include all Debt Collection, at the agreed rate of 28% plus GST, and Legal Costs at the rate charged by the Legal Practitioner or Court. The customer will also be liable for interest pursuant to the provisions of the Queensland Supreme Court Act 1947, currently set at 10% per annum (calculated daily). This company also reserves the right to charge a penalty of \$50.00 for any of the following: 1) Unpaid, returned or recalled direct debits or 2) Unpaid, returned or recalled cheques. This company was incorporated in the State of Queensland, as such, all monies will be owing to this company, in this State. This agreement shall be governed and construed in accordance with the laws in force in the State of Queensland and the parties submit to the jurisdiction of the courts of Queensland.

I/We have read and understand the terms and conditions stated herein.

Completed by: _____ Position: _____

Signature: _____ Dated: _____

For Office Use Only:

Date Faxed: Date Checked:.....

