

APPLICATION FOR 30 DAY CREDIT ACCOUNT

METRIX TIMBER PTY LTD

Date: : ___ / ___ /

Name of Applicant:

Delivery Address: _____ Postal Address: _____ Postcode: _____

Email: _____ Phone: _____ Fax: _____

Premises: Owned: _____ Lease: _____ Period: _____ Years

ACN: _____ ABN: _____

Registered NSW Builders Number (if Applicable): _____

Length of time in Business _____ years

Amount of Credit Requested per Month: \$ _____

Purchase Orders Required: Yes: ___ No: ___ *(if yes we will only accept orders on presentation of a written purchase order)*

Job Number Required: Yes: ___ No: ___

Statements and/or invoices emailed: Yes: ___ No: ___

Account Payable: _____ Account Payable Email: _____

Trade References	Name	Address	Phone	Account's Email
1.				
2.				
3.				

Authorization

- I/We wish to make application for credit account with METRIX TIMBER in accordance with its conditions of sale.
- I/We give METRIX TIMBER the authority to make inquiries as to credit and financial responsibility of the Applicant and to obtain and/or give Trade References from time to time.
- I agree that your Trading terms are strictly 30 days. In consideration of you granting credit at my/our request I/we hereby irrevocably guarantee that if the account becomes overdue and is not paid on demand I/we will accept personal responsibility for payment.
- This guarantee is to be a continuing guarantee and my/our liability under it shall not be affected by your giving me time or other indulgence.

Witness Signature **Print Name**

Signature of Applicants *(where Partners all Partners to sign)*

Full Name **Position** **Signature**