



Care Quip Pty Ltd ABN 81 605 565 919 ACN 605 565 919 ("Care Quip")

If a company, the "Customer"

COMPANY	Trading Name:		
	Registered Business Name:		
	Company Name: (if company)	ABN:	
	Company Name: (if subsidiary of company, name of ultimate holding company)	ACN:	
	Trust Name: (If acting in capacity as trustee of a trust)	Trust ABN:	
	Business Address:	Postcode:	
	Postal Address:	Postcode:	
	Telephone:	Mobile:	
Email:			

If a sole trader or partnership, (fill in the names) the "Customer"

SOLE TRADER / PARTNERSHIP	Name:		Driver's Licence No:
	Private Address:		Postcode:
	Telephone:		Fax:
	Email:		Mobile:
	Name:		Driver's Licence No:
	Private Address:		Postcode:
	Telephone:		Fax:
	Email:		Mobile:
	Name:		Driver's Licence No:
	Private Address:		Postcode:
	Telephone:		Fax:
	Email:		Mobile:



Bank:	
Branch:	

Account No:	
Amount of Month Credit Required: \$	

References:	Name:	1.		Contact:	
	Address:				
	Name:	2.		Contact:	
	Address:				

Business Premises are: **Owned** **Rented**

Warehouse Operating Hours: _____ **Delivery Conditions:**
(e.g. Inside Shopping Center, height/time restrictions, street clearways etc)

Fork Lift on Site? **Yes** **No** _____

1. The Customer makes an application for credit account with Care Quip and agrees to pay all amounts due to Care Quip from time to time promptly and in accordance with its standard trading terms and conditions ("Terms").
2. The Customer warrants to Care Quip the accuracy of the information provided in this form. The Customer acknowledges that Care Quip will rely on the truth and accuracy of the information provided by the Customer herein in considering the Customer's credit application. In addition to any other remedies that may be available to Care Quip, the Customer's credit sale account may be suspended or terminated and all amounts outstanding will become immediately repayable in the event the particulars provided by the Customer in this application are inaccurate or misleading in any significant respect.
3. The Customer agrees to allow Care Quip to obtain information on the Customer's Credit standing from whatever source Care Quip deems appropriate, including any credit reference agency.
4. The Customer agrees that Care Quip's Terms, as attached to this form, will govern all transactions between Care Quip and the Customer and the terms and conditions referred to on any order forms that may be used by the Customer will not apply, unless agreed to in writing to the contrary by Care Quip. The Customer agrees:
 - (a) it has been provided with a copy of Care Quip's Terms;
 - (b) it has had the opportunity to read the Terms; and
 - (c) to be bound by the Terms set out in the document attached to this credit application form and as amended from time to time by Care Quip.
5. The Customer authorises Care Quip to provide its opinion with respect to the Customer's credit standing with Care Quip to further credit providers of the Customer, if requested by Customer or such further credit provider.
6. Where the Customer is a company, and a Director's Deed of Guarantee is attached to this Credit Application, the Customer acknowledges that Care Quip requires the Customer's director/s to sign such guarantee as a condition of the granting of credit to the Customer.
7. I certify that I am authorised to sign this form for and on behalf of the Customer and that the information given above is correct.

For and on behalf of the Customer:

Name

Signature

Position

Date