

ACCOUNT APPLICATION

TRADING DETAILS

Trading Name: _____

ABN: _____ Year Established: _____

Postal Address: _____

State: _____ P/Code: _____

Address: _____

State: _____ P/Code: _____

Length of time at this address: _____

Contact Name: _____ Position: _____

Business Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

If Company – Registered Office: _____

_____ P/Code: _____

FULL NAME AND ADDRESS OF EACH PROPRIETOR, PARTNER OR DIRECTOR

1. _____

2. _____

3. _____

CREDIT LIMIT

Monthly Credit Limit Required (estimate) \$ _____

NB – Please note first 3 orders will be C.O.D

ACCOUNTS DEPARTMENT DETAILS

Accounts Payable Contact: _____

Phone #: _____ Email: _____

TRADE REFERENCES

We hereby give permission to the referees as shown in this credit application to provide credit references to Aspire Design Furniture.

Full Name of person signing (Please print) _____

Signed: _____ Date: _____
(Proprietor / Director / Manager / Accountant)

1. Company Name: _____

Address: _____

Contact Name: _____ Phone: _____

Fax: _____ Email: _____

2. Company Name: _____

Address: _____

Contact Name: _____ Phone: _____

Fax: _____ Email: _____

3. Company Name: _____

Address: _____

Contact Name: _____ Phone: _____

Fax: _____ Email: _____

CONDITIONS

1. Account holders must supply a valid email address for the delivery of statements. The account holder is responsible for communicating any changes of email addresses.
2. The first 3 orders for all Companies, prior to approval for credit facilities, will be on a C.O.D basis.
3. Accounts inactive for a period of 3 months or more will have the status changed to C.O.D and payment will be required prior to goods being delivered or released for collection.
4. Any account not paid by the due date will be suspended until payment is received.
5. Any account that exceeds 30 days past due will be closed and only re-opened at the discretion of Aspire Design Furniture.
6. Title of goods sold shall not pass until full payment is received by Aspire Design Furniture. Any such goods sold to a third party whilst monies are outstanding to Aspire Design Furniture, are sold as the agent of Aspire Design Furniture and any proceeds of such sale are to be retained in a separate account in trust for Aspire Design Furniture to be paid forthwith to Aspire Design Furniture.
7. In the event of Overdue Account/s being handed over to a debt collection agency, all expenses incurred in the recovery of the debt will be payable by the Account Holder.

THE FOLLOWING GUARANTEE IS TO BE SIGNED BY SOLE TRADERS, PARTNERS AND DIRECTOR/S OF PRIVATE COMPANIES:

Name of Director : _____ Drivers Licence #: _____

Signature: _____ Date: _____

Name of Director : _____ Drivers Licence #: _____

Signature: _____ Date: _____

Name of Director : _____ Drivers Licence #: _____

Signature: _____ Date: _____

PAYMENT INFORMATION

All payments made must be accompanied by a remittance advice clearly showing your customer code as a reference and details of invoices being paid.

Bank Details for EFT payments:
 Bank of QLD
 BSB #: 124 – 170
 Account #: 11 621 868
 Account Name: Aspire Design Furniture

PLEASE NOTE

The original of this Account Application must be returned to our office.

For Office Use Only

Approved By: _____ Date : _____

Amount of Credit Approved: \$ _____

Approved Account Terms: 7 Days 14 Days 30 Days Other: _____

Approval Letter sent : Y / N Date: _____ Sent By: _____

First 3 Orders C.O.D completed: 1. \$ _____ Date: _____

2. \$ _____ Date: _____

3. \$ _____ Date: _____