



ACCOUNT CREDIT APPLICATION FORM

Registered Company Name: _____

Trading Name: _____

Trading Address: _____

Suburb: _____ State: _____ Post Code: _____

Postal Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone No: _____ Fax No: _____ Email: _____

Type of Business: _____ Years Trading: _____

A.B.N: _____

Directors Name: _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Directors Name: _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

TRADE REFERENCES

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

Approximate Amount of Monthly credit required \$ _____

Terms of Trade.

Full payment of all Tax invoices issued for work during a calendar month will become due and payable 30 days after the end of the month in which the debt was incurred. Overdue account payments may incur administration and interest charges.

All goods supplied remain the property of Mobile Fleetservice Pty Ltd, ACN: **055 217 608** ABN: **33 055 217 608**, until full and final payment is received.

In the event of payment default, where parts and/or labour are charged directly for work carried out to a motor vehicle or piece of equipment, Mobile Fleet Service will register a financial interest with the Personal Property Securities Register **PPSR** on the specified vehicle or equipment or any other vehicle or piece of equipment the debtor may own until such time as the debt is paid in full.

Acknowledgment and Acceptance.

I, _____, acting in my capacity as, _____ of _____ ABN: _____, am duly authorised to act on behalf of this organisation.

I hereby give Mobile Fleetservice Pty Ltd permission to carry out any credit checks deemed necessary in approving this application for credit.

I hereby acknowledge and accept the terms and conditions of trade with Mobile Fleetservice Pty Ltd ACN: **055 217 608** ABN: **33 055 217 608** as stated above.

Full Name: _____ Signature: _____

Witness Name: _____ Signature: _____

Date of execution: ____ / ____ / 20 ____

DIRECTORS GUARANTEE AND INDEMNITY

I / We acting in the capacity as director of _____ (the company) unconditionally are irrevocably guarantee the company's punctual payment of all monies owing from time to time as per this credit account agreement to Mobile Fleet Service Pty Ltd for goods and services provided to the company.

I/ We hereby give Mobile Fleet Service Pty Ltd permission to carry out any credit checks deemed necessary in approving this application for credit.

1. Directors Name: _____ Signature: _____
Witness Name: _____ Signature: _____
Date: ____ / ____ / 20____

2. Directors Name: _____ Signature: _____
Witness Name: _____ Signature: _____
Date: ____ / ____ / 20____

Note: The above guarantee must be signed by at least one director of the company or this credit application may be declined.

When completed please return original copies to: Mobile Fleet Service Pty Ltd
2 Coal Street
Silverwater NSW 2128

OFFICE USE ONLY

References checked by _____ Approved Yes / No _____

Account opened by _____ Account Number _____

Date _____ Signature _____

