GRIPWELL AUSTRALIA PTY. LTD.

sales@gripwell.com.au
Unit 5, 72-74 Lower Gibbes Street
Chatswood NSW 2067
Phone: (02) 9882 6011

ABN: 230 0391 1715
P.O.Box 641
Forestville NSW 2087
Fax: (02) 9882 6635

Date : ___/___/____

CREDIT ACCOUNT APPLICATION

Applicants Name : _____

ABN : _____

Pty. Ltd. ☐ Partnership : ☐ Sole Trader : ☐

Head Office Address: _____

Post Code : _____

Postal Address : _____

Post Code : _____

Telephone No : _____ Fax No : _____

Email : _____

Accounts Payable Contact : _____ Phone : _____

Business Premises : Owned ☐ Rented ☐ Other ☐

How long at above address : _____/_____ Months / Years

If less than 12 months at above address, give previous address : _____

_____

How long has business been operating : _____/_____ Months / Years

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TRADE REFERENCES

1. Company :_____ Contact : _____

Address : _____ Phone : _____

Fax : _____

2. Company :_____ Contact : _____

Address : _____ Phone : _____

Fax : _____

3. Company :_____ Contact : _____

Address : _____ Phone : _____

Fax : _____

Please tick the box if you are member of the following organisation:

HBT ☐ (Hardware & Building Traders) United Tools ☐ Natbuild ☐ (National Building Suppliers Group) HTH ☐ (Home Timber & Hardware Group)

DECLARATION BY AUTHORISED SIGNATORY

(a) All products sold by the Company are subject to their Conditions of Sales.
(b) We / I declare all information provided to be complete and correct at the date given
(c) The applicant acknowledges that he / she has received a copy of the Condition Of Sales prior to signing this application, and hereby certifies that he / she has read and fully understands the nature and effect of the Company's Conditions Of Sale.
(d) Permission is hereby given to the Company to carry out such credit enquiries as the Company may, in its sole discretion, determine.
(e) The Company is hereby authorised to provide such information concerning the applicant to any other parties as the Company may, in its sole discretion, determine.
(f) We agree that the Terms of payment are thirty (30) days and that an accommodation by the Company from time to time on any overdue balance will be payable by the applicant.
(g) We / I undertake to pay all legal cost incurred by the Company in the recovery of any debts.
(i) The person signing on behalf of the applicant (or applicants as the case may be) warrants that they have authority to sign on and behalf of and to bind the applicant.

DIRECTORS / PARTNERS / PROPRIETOR

Name : _____ Name : _____

Signature : _____ Signature : _____

Title : _____ Title : _____

Witness : _____ Witness : _____

OFFICE USE ONLY

Application Received By : _____ Date : _____/ _____/ ____

Account Number Allocated :_____ Monthly Credit Limit : $ _____

Total Credit Limit : $ _____

Terms : COD ☐ 7 - Days ☐ 30 days ☐

Application : Accepted ☐ Rejected ☐

Approved By : _____ Signed : _____

TO BE FILLED IN BY AREA REP.

No. Of Employees : _____ Anticipated Monthly Credit Limit : $_____

Size Of Store : Small ☐ Medium ☐ Large ☐

How Rep Rates Application (Out Of Ten) : _____

Name Of Rep : _____ Signature Of Rep : _____