

# APPLICATION FOR 30 DAY FROM EOM ACCOUNT



**RENTERS & ARCHITECTURAL COATINGS**

1300 889 225  
melbacrylic.com.au

196-200 Hammond Road, Dandenong South VIC 3175 | info@melbacrylic.com.au | Fax: 03 9794 7005

## CLIENT DETAILS:

Name:  Requested Total Credit Limit AUD\$:

ABN:  Public Company:  Private Company:  Partnership:  Sole Trader:

Business Name:

Street:

Suburb:  State:  Post Code:

Telephone:  Facsimile:

Email:

## PERSONAL DETAILS

Full name of all proprietors, Partners or Directors:

Applicant 1: Name:

Street:

Suburb:  State:  Post Code:

Home Telephone:  Email:

Applicant 2: Name:

Street:

Suburb:  State:  Post Code:

Home Telephone:  Email:

## BUSINESS BANKING DETAILS

Bank:  Branch:  Telephone:

## TRADE REFERENCES

Company Name:  Monthly Spend \$:

Contact Name:

Phone Number:

Company Name:  Monthly Spend \$:

Contact Name:

Phone Number:

Company Name:  Monthly Spend \$:

Contact Name:

Phone Number:

Company Name:  Monthly Spend \$:

Contact Name:

Phone Number:

**AGREEMENT**

I/We understand that the trading terms of Melbourne Acrylic Coatings Victoria Pty Ltd are STRICTLY NET 30 DAYS and agree to pay the entire due amount in full on the 30th day of the month following the month of purchase. If I/We do not comply with these terms I/We understand that interest may be charged at a rate of 8% per month on any amount outstanding beyond the due date. Where possession of the goods is to be transferred to you, it is expressly understood that these goods will remain the property of Melbourne Acrylic Coatings Victoria Pty Ltd until paid for in full. The undersigned is authorised to sign this application to accept the credit terms and conditions herein and to grant permission to Melbourne Acrylic Coatings Victoria Pty Ltd or their agent to enquire into the credit worthiness of the applications to any information on the application to any person, company or credit bureau.

**SIGNATURES**

Applicant 1:	Signature: <input type="text"/>	Full Name: <input type="text"/>
		Position: <input type="text"/>
		Date: <input type="text"/>
Applicant 2:	Signature: <input type="text"/>	Full Name: <input type="text"/>
		Position: <input type="text"/>
		Date: <input type="text"/>

**COMPLETE IF COMPANY ACCOUNT**

I/We:  (Full Name)  
Of:  (Full Address)

(hereinafter called, and if more than one, collectively, "Guarantor") in considerations of Melbourne Acrylic Coatings Victoria Pty Ltd (hereinafter called the "Supplier") at my/our request supplying the above Company with goods from time to time I/We hereby jointly and severally guarantee to the Supplier the due payment of all monies payable by the Company in respect of such goods and agree that this guarantee will be a continuing guarantee and my/our liability under it shall not be in any way effected by the Supplier granting time or any other indulgence to the Company and that this guarantee shall bind my/our personal representatives.

I/we further acknowledge that the sale of goods to the above Company and applicable conditions, including conditions of payment and this guarantee, will benefit the Guarantor.

**SIGNATURES**

Dated this:  day of  ,  (year)

Signed by Guarantor 1: (Guarantor signature)	<input type="text"/>	In the presence of: (witness signature)	<input type="text"/>
Signed by Guarantor 2: (Guarantor signature)	<input type="text"/>	In the presence of: (witness signature)	<input type="text"/>

**WITNESS DETAILS**

Name:   
Street:   
Suburb:  State:  Post Code:   
Telephone:  Facsimile:   
Email:

**OFFICE USE ONLY**

Approved: YES:  NO:   
If NO reason for denial:   
Approving Officer: