

APPLICATION FOR A CREDIT ACCOUNT

Please complete this application form and return to ar@chemron.com.au for processing. Thank you.

Chemron Account Manager

() Company () Trustee Company () Registered Business () Partnership () Sole Trader

ACN

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 ABN

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Registered Name of a Company

Parent Company (if applicable):

Trading Name

Business Address Postcode

Postal Address Postcode

Telephone () Fax () Mobile

Acc Payable Contact E-Mail

Commencement Date of Business/...../..... Number of Staff (excluding proprietors).....

Name of Bank Branch

BSB Account No

Business Premises: () Owned () Leased () Mortgaged () Rented

If Sole Trader or Partnership are Personal Premises () Owned () Leased () Mortgaged () Rented?

Estimated value of monthly purchases \$.....

Business Category e.g. (transport, construction, hospitality etc.)

Directors/Proprietors (Full Name)

1. DOB

Private Address

2. DOB

Private Address

Have applicants ever been registered under any part of the Bankruptcy Act? No () Yes ()

Trade References (all three trade references are required)

1. Phone () Fax ()

Contact Email Address

2. Phone () Fax ()

Contact Email Address

3. Phone () Fax ()

Contact Email Address

AUTHORITY FOR THE SUPPLIER TO OBTAIN CREDIT INFORMATION

To enable the supplier to assess the customer's application for commercial credit, the customer authorizes the supplier as follows: If asked to provide commercial credit, to obtain from a credit reporting agency a credit report containing personal credit information about the customer. This is in accordance with Section 18K (1)(b) of the Privacy Act. If asked to provide personal credit, to use a credit report containing information about the customer's commercial activities or commercial creditworthiness from a business which provides information about the commercial creditworthiness of a person. This is in accordance with Section 18L (4) of the Privacy Act.

ACKNOWLEDGEMENT

The customer and signatories appearing below hereby acknowledge receipt of a copy of this agreement and upon acceptance by the supplier by the way of written notice or the supply of goods and service AND HAVING READ the terms of the agreement overleaf agrees to be bound accordingly.

Chemron Australia Pty Ltd

Office address: Unit 7, 9-13 Winbourne Road, Brookvale, NSW 2100 Australia

Postal address: PO Box 372, Narrabeen, NSW 2101 Australia

Free Phone: 1800 812 309 | P: +61 2 9998 5688 | F: +61 2 9999 2086

ABN 41 638 494 265 | www.chemron.com.au

TERMS OF PAYMENT

Prices are subject to change without notice. Payments are to be made direct to the supplier, strictly net, without any deduction or discount other than as stated herein or in the relevant invoice or statement. If in the supplier's opinion the customer's financial condition does not justify continuance of production or shipment on the terms of payment specified, the supplier may require payments in advance. Failure of the customer to pay any supplier invoice by its due date makes all subsequent invoices immediately due and payable irrespective of terms and the supplier may withhold subsequent deliveries until the full account is settled.

TERMS & CONDITIONS OF TRADE

The Chemron Terms of Trade are outlined on our website at chemron.com.au. Please note that if you continue to trade with Chemron it is agreed that such trade is pursuant to the Terms of Trade on our website, as varied from time to time. If you would like a copy of the terms sent to you or have any questions about our Terms of Trade, please contact us on 02 9998 5688 or ar@chemron.com.au.

Terms – 14 days from Invoice Date.

Authorising Agent (1)

Full Name
 Position/Title
 Date

.....
 Signature Authorising Agent (1)

First Authorising Agent Signature Witnessed By

.....
 (Signature)

 (Print Name)

Authorising Agent (2)

Full Name
 Position/Title.....
 Date

.....
 Signature Authorising Agent (2)

Second Authorising Agent Signature Witnessed By

.....
 (Signature)

 (Print Name)

Vendor Details: (For your Accounts Payable Department)
 Bank Details: Commonwealth Bank
 BSB: 062-287
 Account No: 1056 1137
 Account Name: Vendor Direct Australia
 Remittance Advice to:
 Email: ar@chemron.com.au

Revised 28 Sept 2020

<i>Chemron Office Use Only</i>		<i>AX</i>
<i>Approved:</i>	Yes	<i>No</i>
<i>Approved By:</i>		<i>Date:</i>
<i>Account No:</i>		