

# **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** ..... **Email** .....

**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 .....

**Chemron Australia Pty Ltd**

**Address:** 154 Shellharbour Road, Port Kembla NSW 2505 Australia  
**Free Phone:** 1800 812 309 | **Phone:** +61 2 9998 5688 | **Fax:** +61 2 9999 2086  
**ABN** 14 663 250 093    [www.chemron.com.au](http://www.chemron.com.au)

**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.

**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 .....

**Authorising Agent (2)**

Full Name .....  
Position/Title.....  
Date .....

.....  
Signature Authorising Agent (1)

.....  
Signature Authorising Agent (2)

**First Authorising Agent Signature Witnessed By**

.....  
(Signature)

.....  
(Print Name)

**Second Authorising Agent Signature Witnessed By**

.....  
(Signature)

.....  
(Print Name)

Vendor Details: (For your Accounts Payable Department)

**Bank Details:** National Australia Bank

**BSB:** 082-812

**Account No:** 26896 9736

**Account Name:** MG C Management Pty Ltd

**Remittance Advice to:** ar@chemron.com.au

Revised 22 Dec 2023

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

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