



CREDIT APPLICATION FORM

COMPANY INFORMATION

Company Name:.....
ABN:..... ACN:.....
Business/Trading Name(s) (if applicable):.....
Address:.....
Town:..... State:..... Post Code:.....
Phone:..... Fax:..... Mobile:.....
Email:.....

NAMES & ADDRESSES (Owners/Directors)

1. Name:.....
Address:.....
Town:..... State:..... Post Code:.....
2. Name:.....
Address:.....
Town:..... State:..... Post Code:.....

BUSINESS REFERENCES

1. Name:.....
Address:..... Town:.....
State:..... Post Code:..... Phone:.....
2. Name:.....
Address:..... Town:.....
State:..... Post Code:..... Phone:.....

PRIVACY ACT ACKNOWLEDGEMENT AND CONSENT

This Credit Application grants permission for SupaMAX Balance Beads Pty Ltd (The Supplier) to:

Disclose to a credit reporting agency a report containing information about me/us including identity particulars, the amount of credit applied for, payments which may become more than 60 days overdue, any serious infringements which the supplier believes has been committed.

Obtain from credit reporting agencies a report containing personal credit information about me/us and a report containing information about my/our commercial activities or commercial worthiness to The Supplier to assess this application for credit.

Give to and obtain from any credit provider information about my/our credit arrangements, including information about my/our credit worthiness, credit standing and/or credit capacity for the purpose of assessing this application for credit or notifying of defaults.

This consent shall remain in force so long as there is an amount owing to The Supplier.

Dated this:..... day of 20.....

Signature of Applicant(s):.....

.....

Signature of Authorized Officer of Applicant:.....