

G H Elliott Pty Ltd.

A.B.N. 000 283 778

MEAT WHOLESALERS

Phone : 02 9258 8333

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Email:ghelliott@thenaturalbeefcompany.com

A P P L I C A T I O N F O R C R E D I T

Type of Entity: Public Company / Private Company/Trustee Company/Partnership/Sole Trader
(Please circle appropriate entity)

Company Name:

Name of Person or Company owning business:.....

Business Address: Post Code:

ABN:ACN:.....

P.O.Box.....

Telephone Nr:..... Fax:.....

Speak to / Position..... Email:.....

Address for Forwarding Accounts:.....

Address for Delivery of Goods: (if applicable).....

Type of Business:.....

Amount of Credit Required:.....

HISTORY

Date Business Commenced: GST Status Taxable %.....

Name of Accountants/Auditors:.....

Who owns your Business premises?

BANKER

Name of Bank:..... Branch:.....

Address of Branch:

Phone: Contact:.....

TRADE REFERENCES – Does anyone else give you credit? Yes/No If so, who?

1. Name: Contact:
- Address:.....
- Telephone:
2. Name:..... Contact:
- Address.....
- Telephone:.....
3. Name:..... Contact:.....
- Address:.....
- Telephone:

Please list name and address of Directors or Partners in the business:

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TERMS & CONDITIONS OF SALE

1. I/We hereby apply a credit ledger account and provide the above information overleaf in support thereof. Information will be provided to our credit insurance company.
2. I/We understand that trading terms shall not exceed 14 days from end of week of delivery and agree to such trading terms as shall be accepted and advised to me/us by G H Elliott Pty Ltd.
3. I/We undertake to pay all accounts on the due date and acknowledge that if the account becomes overdue, it will automatically be suspended until brought within the trading terms.
4. I/We agree that G H Elliott Pty Ltd may seek and give information about my/our credit worthiness credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act Section 18N(1)(B) Privacy Act 1988.
5. I/We understand that liquidated damages will be charged on overdue balances at 1.5% per month.
6. I/We understand that Directors Personal Guarantees may be required.
7. I/We authorise G H Elliott Pty Ltd, it servants & agents to make such enquiries as they deem necessary to investigate the creditworthiness of the Customer from time to time, including the making of enquiries with persons nominated as trade references, the bankers of the Customer and any credit provider or Credit Rating Agency and including personal credit and consumer credit information (hereinafter called "the information sources".) The customer hereby authorises the information sources to disclose to G H Elliott Pty Ltd such information concerning the Customer which is with their possession.
8. I/We understand intention to return goods must be notified to G H Elliott Pty Ltd within seven (7) days stating the reason for the return of goods.
9. I/We understand any changes to aforementioned business, ownership or structure must be notified to G H Elliott Pty Ltd in writing within seven (7) days.
10. I/We understand G H Elliott Pty Ltd will not accept any cancellation and/or variation to any order placed except with the written approval of G H Elliott Pty ltd.
11. I/We and G H Elliott Pty ltd agree that the Laws of New South Wales will govern the contracts entered into between us and I/We and G H Elliott Pty Ltd agree to submit to the jurisdiction of the courts of New South Wales.
12. I/We understand the risk in any goods supplied shall pass to the purchaser on collection by the purchaser's nominated carrier. If the purchaser fails to nominate a carrier the Company shall appoint a carrier who shall be deemed to be the purchaser's nominated carrier. Title in the goods will remain with G H Elliott Pty Ltd until all unpaid invoices have been paid in full. I/We agree that if we are overdue in paying for the goods or dishonour a cheque or become insolvent G H Elliott Pty Ltd may enter the premises where their goods are held and re-take possession of them.

Director Signature: Date:.....

Director Name:.....

Witness Signature: Date:

Witness Name: ...