

Proprietors/Partners/Directors Name

Partnership

Entity Name as Registered with ASIC:

Sole Trader Parent Company Name: Head Office Address:

ABN:

APPLICATION FOR TRADE CRE

PLEASE COMPLETE ALL SECTIONS -(N/A if

Private Company

OFFICE USE ON	LΥ
Date received	
Account	Code
Branch Authorisation/Comments:	
not Applicable) AND USE BLACK PEN	
Established Since:	
Public Company Trust Other	
Address Private Phone Number	

Registered Trading Name: Business Address

Postal Address:				
Email:	Phone:	Fax:		
NAME	EMAIL	PHONE		
Manager:				
Accountant:				
Accounts Payable:				
Freight Contact:				

Private

Estimated Weekly Usage:

TRADE REFEREES				
Business Name	Contact Person	Phone/Email		

PRIVATE COMPANIES GUARANTEE: (for Private Companies Only)

I/We do hereby request Simon Transport Pty Ltd to provide services on credit to the abovementioned private company and in consideration of Simon Transport Pty Ltd so doing hereby jointly and severally guarantee to Simon Transport Pty Ltd the due payment of all amounts owing to Simon Transport Pty Ltd by said company.

Director's Signature:	Name:	Date:
Director's Signature:	Name:	Date:

TERMS AND CONDITIONS:

I/We hereby apply to SIMON TRANSPORT PTY LTD for credit accommodation and submit this information for that purpose. I/We have never been bankrupt, nor have I/We ever been a Manager or Director of any company which has gone into liquidation, appointed an official manager, entered into a scheme of arrangement with creditors or had a receiver or receiver and manager appointed.

I/We acknowledge your Company's Conditions of Carriage and Storage (ST055) available from www.simon.com.au and also that payment shall be made within seven (7) days of the date of your invoice. I/We acknowledge overdue accounts may be closed without notice and are subject to an administration charge. I/We further agree to pay any debt collectors' expenses for any amount entrusted to a collector and to indemnify you for all other costs incurred by you howsoever arising from the collections of any monies due by me/us to you.

I/We agree, in accordance with the provisions of paragraphs (b), (e) and (h) of s. 18K(1) and/or S.18L(4) of the Commonwealth Privacy Act 1988, that Simon Transport has informed me/us, in accordance with s.18E(8) (c) of the Privacy Act 1988, that:

certain items of personal information about me/us contained in this application and permitted to be kept on a credit information file might be disclosed to a credit eporting agency, and/or

disclosure by a credit reporting agency; and/or

Use of the relevant information referred to in those sections may occur for the purpose of assessing this application.

I/We acknowledge that this agreement shall continue to have effect for the duration of the loan contract should my/our application be approved

Owner/Partner/Director/Company Secretary Signature:	Name and Position:	Date:
Owner/Partner/Director/Company Secretary Signature:	Name and Position:	Date:

PLEASE RETURN COMPLETED FORM TO debtors@simon.com.au or FAX : 07 4634 5846 Simon Transport Pty Ltd ABN 24 009 898 159