

**ACCOUNT APPLICATION**

**TRADING DETAILS**

Trading Name: \_\_\_\_\_

ABN: \_\_\_\_\_ Year Established: \_\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If Company – Registered Office: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

**FULL NAME AND ADDRESS OF EACH PROPRIETOR, PARTNER OR DIRECTOR**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**CREDIT LIMIT**

Monthly Credit Limit Required (estimate) \$ \_\_\_\_\_

**NB – Please note first 3 orders will be C.O.D**

**ACCOUNTS DEPARTMENT DETAILS**

Accounts Payable Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**TRADE REFERENCES**

We hereby give permission to the referees as shown in this credit application to provide credit references to Aspire Design Furniture.

Full Name of person signing (Please print) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Proprietor / Director / Manager / Accountant)

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**CONDITIONS**

1. Account holders must supply a valid email address for the delivery of statements. The account holder is responsible for communicating any changes of email addresses.
2. The first 3 orders for all Companies, prior to approval for credit facilities, will be on a C.O.D basis.
3. Accounts inactive for a period of 3 months or more will have the status changed to C.O.D and payment will be required prior to goods being delivered or released for collection.
4. Any account not paid by the due date will be suspended until payment is received.
5. Any account that exceeds 30 days past due will be closed and only re-opened at the discretion of Aspire Design Furniture.
6. Title of goods sold shall not pass until full payment is received by Aspire Design Furniture. Any such goods sold to a third party whilst monies are outstanding to Aspire Design Furniture, are sold as the agent of Aspire Design Furniture and any proceeds of such sale are to be retained in a separate account in trust for Aspire Design Furniture to be paid forthwith to Aspire Design Furniture.
7. In the event of Overdue Account/s being handed over to a debt collection agency, all expenses incurred in the recovery of the debt will be payable by the Account Holder.

THE FOLLOWING GUARANTEE IS TO BE SIGNED BY SOLE TRADERS, PARTNERS AND DIRECTOR/S OF PRIVATE COMPANIES:

Name of Director : \_\_\_\_\_ Drivers Licence #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director : \_\_\_\_\_ Drivers Licence #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director : \_\_\_\_\_ Drivers Licence #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION

All payments made must be accompanied by a remittance advice clearly showing your customer code as a reference and details of invoices being paid.

**Bank Details for EFT payments:**  
 Bank of QLD  
 BSB #: 124 – 170  
 Account #: 11 621 868  
 Account Name: Aspire Design Furniture

### PLEASE NOTE

**The original of this Account Application must be returned to our office.**

#### For Office Use Only

Approved By: \_\_\_\_\_ Date : \_\_\_\_\_

Amount of Credit Approved: \$ \_\_\_\_\_

Approved Account Terms:      7 Days      14 Days      30 Days      Other: \_\_\_\_\_

Approval Letter sent : Y / N    Date: \_\_\_\_\_      Sent By: \_\_\_\_\_

First 3 Orders C.O.D completed: 1. \$ \_\_\_\_\_      Date: \_\_\_\_\_

2. \$ \_\_\_\_\_      Date: \_\_\_\_\_

3. \$ \_\_\_\_\_      Date: \_\_\_\_\_