



VEALE CORPORATION PTY LTD
 PO BOX 249 BELMONT WA 6984
 PH 9366 3666
 A.B.N. 27 053 352 588 T/A VEALE AUTO PARTS

STORE MANAGER TO COMPLETE

DATE _____
 EMPLOYEES ID # _____
 EMPLOYEES FULL NAME _____

ACCOUNT APPLICATION

OFFICE USE ONLY STORE MANAGER TO COMPLETE THIS SECTION IN FULL:

STORE		COD ELECTED		30 DAY A/C		PRICE POINTER PP	
CREDIT LIMIT:	\$	MANAGER CHECKED & SIGN				DATE	

SOLE TRADER, FIRM OR PARTNERSHIP DETAILS: (Full Names and addresses required)

ACCOUNT (TRADE) NAME

BUSINESS ADDRESS P/CODE

POSTAL ADDRESS P/CODE

TELEPHONE NO: FAX NO: MOBILE NO:

SPARE PARTS DEPARTMENT EMAIL :

ACCOUNTS DEPARTMENT EMAIL:

ACCOUNTS PAYABLE CONTACT (FULL NAME)

FULL NAMES OF PROPRIETORS	RESIDENTIAL ADDRESS

HOW LONG HAVE YOU BEEN IN CURRENT BUSINESS?.....YRS IS THE BUSINESS REGISTERED? YES / NO

DATE REGISTERED: ABN NUMBER:

REGISTERED BUSINESS NAME:

REGISTERED BUSINESS ADDRESS:

DIRECTORS FULL NAMES	RESIDENTIAL ADDRESSES

GOODS DESPATCH ADDRESS (If not business address) ⇒

DELIVERY INSTRUCTION (Country Clients advise preferred courier) ⇒

SPARE PARTS CONTACTS ⇒
 1. _____
 2. _____

MANDATORY ORDER NUMBER YES / NO If an Order Number is required on all Invoices answer "YES"

ACCOUNT DETAILS

BANK: BRANCH:

ACCOUNT CONTACT

ESTIMATED MONTHLY PURCHASES \$

NOTE : DO NOT EMAIL OR FAX APPLICATION - ONLY ORIGINAL DOCUMENT WILL BE PROCESSED. APPLICATION FORM MUST BE COMPLETED IN FULL

TRADE REFERENCES

NAME	EMAIL ADDRESS	TELEPHONE NO:

TERMS AND CONDITIONS OF TRADE: Full payment must be received no later than one calendar month from the end of the month Statement date, unless otherwise agreed in writing. Any overdue account may be subject to interest being charged on the account from the date overdue at the rate of 25% per annum calculated on a daily basis.

I/We hereby declare the above facts to be true in every respect and apply for a credit account with VEALE CORPORATION PTY LTD and agree to maintain my/our account in accordance with the terms and conditions and understand that credit will not be extended beyond 30 days from statement date. Any expenses or costs incurred in recovering any outstanding monies including dishonoured cheques marked 'present again' by my/our bank and/or any debt collection costs and disbursements by placing the debt with a Mercantile Agency (commission not to exceed 18%) and penalty interest at a rate of two percent per month or part thereof shall be paid by me/us.

NAME _____ **SIGNATURE** _____ **POSITION** _____ **DATED** _____

**DIRECTOR / PROPRIETOR
PRIVACY ACT**

NOTICE OF DISCLOSURE

Under Section 18E(1) (c) of the Privacy Act the Company is allowed to give a credit reporting agency personal information about your credit application. The information which may be given to any agency is covered by Section 18E(1) of the Act and includes:-

- .. identity particulars
- .. the fact that you have applied for credit and the amount;
- .. the fact the the Company is a current credit provider to you;
- .. payments overdue for a least 60 days, and for which collection action has commenced;
- .. advice that payments are no longer overdue
- .. cheques for an amount greater than \$100, drawn by you which have been dishonoured more than once;
- .. in specified circumstances that, in the opinion of the Company you have committed a serious credit infringement.

PERSONAL INFORMATION

If the Company considers it relevant to assessing my/our application for commercial credit, I/we agree to the Company obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relation to commercial credit provided by the Company.

OVERDUE PAYMENTS

If the Company considers it relevant to collecting overdue payments in respect of commercial credit provided to me, I/we agree to the Company receiving from a credit reporting agency a credit report containing personal information about me/us in relation to collecting overdue payments.

EXCHANGE OF REFERENCES

I/we agree that the Company may give to and seek from my credit providers named in this credit application and any credit providers that may be named in a credit report by a credit reporting agency 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.

I/we understand the information may be used for the following purposes:-

- .. to assess an application by me/us for credit;
- .. to notify other credit providers of a default by me/us;
- .. to exchange information with other credit providers as to the status of this application where I am in default with other credit providers;

I / we acknowledge having read and understood the above Privacy Act provisions and authorise the Company in terms of the above

Name of Applicant _____ **Signature** _____ **Date** _____
Director/Proprietor

Witness (Print Name) _____ **Date** _____

Witness Signature _____

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G U A R A N T E E

TO: VEALE CORPORATION PTY LTD In consideration of your having at my request agreed to supply

(Company Name) _____

Trading as _____ of _____
with goods and/or services in the way of its trade or business as now carried on by it I/we agree with you as follows:-

APPLICANT TO COMPLETE THIS SECTION IN FULL:

1. I / we will Guarantee and be answerable and responsible to you for the due payment by the Trading Company for all such goods and services as you may from time to time at its request supply (and deliver) to it notwithstanding that I/we shall not have had notice of any neglect or omission on its part to pay for such goods or services according to the terms agreed on between you and it.
2. This Agreement shall be a continuing guarantee to you for the whole debt.
3. All dividends composition said payments received by you from the Trading Company or from any Liquidator trustee or receiver of the Trading Company shall be taken and applied by you as payments without there being any deduction in respect of any claim arising under this guarantee and my/our rights to be subrogated to you in respect thereof shall not arise until you receive the full amount of your claims against the Trading Company.
4. You may at any time or times at your absolute discretion and without giving any notice whatsoever to me/us refuse further credit or supplies to it and grant to The Trading Company or to any drawers, acceptors or endorsers of bills of exchange, promissory notes or other securities received by you from The Trading Company or on which the Trading Company may be liable to the Creditor at any time, or other indulgence and compound with The Trading Company or such drawers, acceptors or endorsers respectively without discharging or impairing the my/our liability under this guarantee.
5. This guarantee shall be enforceable against me/us notwithstanding that any negotiable or other securities referred to in this Deed Poll, or to which it shall extend or be applicable, shall at any time of proceedings being taken against me/us on this guarantee be outstanding or in circulation.
6. No charges in the constitution of your Company shall impair or discharge my/our liability under this guarantee.
7. In order to give effect to this guarantee I/we DECLARE that you shall be at liberty to act as though I/we were a principal debtor and I/we waive all and any of my/our rights as Guarantor(s) which may at any time be inconsistent with any of the above provisions.
8. This guarantee SHALL NOT be revocable at any time as to future transactions unless ONE (1) MONTH'S prior notice in writing is given to you or your duly authorised agent by me/us in case of the death of me or any of us (as the case may be) by any Executor or personal representative of any deceased guarantor.

This guarantee is given by

(1) _____ (Print Name)

of _____ (Address)

(2) _____ (Print Name)

of _____ (Address)

DATED this _____ **day of** _____ **20** _____

1. Guarantor Signature _____

2. Guarantor Signature _____

Witness Print Name _____

Witness Print Name _____

Witness Signature _____

Witness Signature _____

Witness Address _____

Witness Address _____

Witness Occupation _____

Witness Occupation _____

Witness Phone No _____

Witness Phone No _____

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