

APPLICATION FOR CREDIT ACCOMMODATION



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| TO BE COMPLETED BY APPLICANT | | Date: / /2007 |
| Are you trading as a public/private company, partnership, sole trader or other? Please Specify- | | |
| If a sole trader- Name | Date of Birth / / | Phone Business |
| Business address | Drivers Licence No | Phone Home |
| Home Address | Contact Person | Mobile |
| If a registered company - Name | ABN | Phone Business |
| If a business name- Name | BN if registered | Facsimile |
| Registered address | Contact Person | Mobile |
| Trading address | Email address | |
| FULL NAMES AND ADDRESSES OF PROPRIETORS, SHAREHOLDERS, PARTNERS, DIRECTOR,ETC. | | |
| Name | | Position held |
| Address | | Phone No. |
| Name | | Position held |
| Address | | Phone No. |
| Name | | Position held |
| Address | | Phone No. |
| BUSINESS DETAILS AND REFERENCES | | |
| Main business activity | Year established | If you act as a trustee of a trust, state its name: |
| Bank Name & Branch | Account no. | Estimated amount of monthly credit required:\$ |
| BUSINESS REFERENCES (MUST PROVIDE THREE) - | | |
| Name | Phone no. | Fax no. |
| Name | Phone no. | Fax no. |
| Name | Phone no. | Fax no. |
| NOTE THAT OUR TERMS AND CONDITIONS OF CREDIT AND OUR TERMS AND CONDITIONS OF TRADE WILL APPLY TO THIS ACCOUNT | | |
| IF YOU ARE A PRIVATE COMPANY, WE REQUIRE EACH OF THE DIRECTORS TO EXECUTE A GUARANTEE AND INDEMNITY | | |
| PLEASE SEEK INDEPENDENT LEGAL ADVICE IF YOU DO NOT UNDERSTAND THIS CREDIT APPLICATION OR THE TERMS AND CONDITIONS THAT APPLY TO IT. | | |

Scaffold Tool & Training Company

Address:
Garnsworthy Square
46, 62 & 64 Garnsworthy St
Springvale North, Vic 3171

Phone:
1300 551 610
03 9547 8886

Fax:
03 9547 8889

Email:
enquires@scafftoolco.
com.au

Web:
www.thescafftoolco.au
www.scaffoldtrainingcompany.
com.au

APPROVAL – To be completed by The Scaffold Tool & Training Company

| | |
|------------------|----------------|
| Credit Approved: | Date Approved: |
| Approved By: | Print Name: |

THE INFORMATION SUPPLIED BY ME/US, THE APPLICANTS, IN THIS CREDIT APPLICATION IS TRUE AND CORRECT AND I/WE ACKNOWLEDGE THAT THE SCAFFOLD TOOL COMPANY AND ITS RELATED ENTITIES WILL USE THIS INFORMATION FOR THE PURPOSE OF ASSESSING MY/OUR COMMERCIAL CREDIT APPLICATION.



SIGNED BY THE APPLICANT OR ALL/ANY DIRECTORS, PARTNERS OR SOLE TRADERS, AS REQUIRED BY THE SCAFFOLD TOOL COMPANY.

1. (print name) _____

2. (print name) _____

(signature) _____
(indicate if director, partner or sole trader)

(signature) _____
(indicate if director, partner or sole trader)

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