



Credit Account Application

TO BE COMPLETED BY APPLICANTS

Please complete all sections and read the Terms and Conditions of Trade overleaf.

CLIENT'S TRADE NAME: DATE:

CLIENT'S FULL or LEGAL NAME:

ALL CLIENTS TO COMPLETE

Phone: Fax:

Mobile: Email:

BILLING ADDRESS: PHYSICAL ADDRESS:.....

STATE: POSTCODE: STATE: POSTCODE:

Emergency Contact: Phone:

Fax: Mobile:

Email: After Hours Phone:

COMMERCIAL CLIENTS ONLY

Requested Credit Limit: ABN:

Date Established:

Contact 1: Accounts Contact:

Position: Position:

Phone: Phone:

DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OR DIRECTORS (If Proprietary Company)

Full Name: Full Name:

Home Address: Home Address:

Home Phone: Home Phone:

TRADE REFERENCES

Business Name 1: Business Name 2:

Address or A/C No: Address or A/C No:

Phone: Phone:

Fax: Fax:

I certify that the above information is true and correct and that I am authorised to make this application for credit. I authorise the use of my personal information as detailed in the Privacy Act clause overleaf. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf) of Secon Carriers Pty Ltd T/A Secon Freight Logistics which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. ***I agree that if I am a director or a shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.***

SIGNED: SIGNED:

Name: Name:

Position: Position:

ID: ID:

Date: Date:

Secon Carriers Pty Ltd T/A Secon Freight Logistics ABN 14 968 664 681 - ACN 005 179 064PO Box 225, North Altona VIC 3025 - Ph (03) 9393 4419 - Fax (03) 9399 4458