



CREDIT APPLICATION

FAX TO: (08) 9328 9840
EMAIL: clerk@missmaud.com.au

NAME OF APPLICANT: _____

TRADING NAME: _____

ABN: _____

BUSINESS TYPE: Sole Trader/ Partnership/ Private Company/ Public Company
Government Department
Other: _____

ADDRESS:

POSTAL ADDRESS:

PH: _____ **FAX:** _____

YOUR BANK DETAILS: (Optional)

NAME:

BRANCH:

PERSON TO CONTACT IN REGARD TO YOUR ACCOUNT

Name: _____ **Ph:** _____ **Fax:** _____

EMAIL ADDRESS: _____

CREDIT LIMIT REQUESTED/MONTH: _____

CREDIT REFERENCES

1) COMPANY

SUPPLIER: _____
CONTACT NAME: _____
TEL: _____
FAX: _____
CREDIT LIMIT:\$ _____

2) COMPANY

SUPPLIER: _____
CONTACT NAME: _____
TEL: _____
FAX: _____
CREDIT LIMIT:\$ _____

3) COMPANY

SUPPLIER: _____
CONTACT NAME: _____
TEL: _____
FAX: _____
CREDIT LIMIT:\$ _____

The terms and conditions are attached, all applications are reviewed and are subject to approval, you will be notified by phone, and a letter sent out with account number if your application is approved.

Miss Maud Account Details:

ACCOUNT NAME: Miss Maud **ACCOUNT NUMBER:** 036-000 138 864

ACCOUNT CONTACT: Vinie **Email Address:** clerk@missmaud.com.au

PHONE: 08 9427 7213 **Fax:** 08 9328 9840 ABN : 94 008 712 963

POSTAL ADDRESS: PO Box 129, Northbridge WA, 6865

Application for Credit

I/We (the "Customer") certify that the information included in this Application for Credit is true and correct and that this application is on the basis that the Customer submits this application for a "Miss Maud Credit Account". The Customer acknowledges that the signatory below has the authority to enter into this agreement.

The Customer hereby accepts the Miss Maud terms and conditions of trading and agree to settle all invoices within 30 days of receipt of goods. The Customer also undertake to pay all charges incurred in collecting monies due on unpaid invoices. The Customer agrees that a signature of its agent/employee will be evidence of the receipt of the goods by the Customer.

The Customer hereby irrevocably consents to and authorises Miss Maud to make any enquires whatsoever in order to assess the credit worthiness of the Customer (whether that information is personal, confidential, privileged or recorded in a material form or otherwise) from any person whatsoever in relation to the financial standing and credit worthiness of the Customer. The Customer hereby requests and authorises such persons to provide such information.

The Customer authorises Miss Maud to supply such information (whether obtained by such enquiries or in any other matter whatsoever) to any person who in Miss Maud's opinion has a legitimate interests in such information.

The Customer acknowledges that Miss Maud has informed the Customer in accordance with section 18e (8) (c) of the Privacy Act 1988 that certain items of personal information about the Customer is contained in this application and is permitted to be kept on a credit information file that might be disclosed to a credit reporting agency.

1. Authorised Name: _____ Signature _____
Position: _____ Date: ____/____/____
2. Authorised Name: _____ Signature _____
Position: _____ Date: ____/____/____
3. Authorised Name: _____ Signature _____
Position: _____ Date: ____/____/____

Office Use Only:

Signatory for Credit Approved: _____ Date: ____/____/____

Credit Limit: _____

(MM WEBSITE)