

**APPLICATION FOR A 15 DAY CREDIT ACCOUNT****To: SABR PTY LTD**

I/We request to open a credit account with SABR PTY. LTD.

Date of Application:

<b>Applicants Business/Trading Name:</b> _____		
<b>Tel No.:</b>	<b>Fax:</b>	<b>A/C Contact:</b>
<b>Business Address:</b> _____		
<b>Postal Address:</b> _____		
<b>Registered Company Name (if applicable):</b> ACN or ARBN or ABN		
<b>Registered Address:</b> _____		
<b>Organisation Structure</b> (tick appropriate)		
<input type="checkbox"/> Proprietary Co. Limited	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Incorporated Body
<input type="checkbox"/> Trustee	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership
<input type="checkbox"/> Public Company		
<b><u>APPLICANT'S FINANCIAL DETAILS</u></b>		
Business Premises: (tick appropriate) <input type="checkbox"/> Owned <input type="checkbox"/> Leased    If leased, from whom: _____		
Bank:		Branch:
Accountant:		Tel No.:
<b>TRADE OR BUSINESS REFERENCES</b>		
<b>Name</b>	<b>Contact Name</b>	<b>Tel No.</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
<b>Maximum monthly amount of credit applied for</b> \$ _____		
<b>Full Names and Home Addresses of Proprietors/Directors/Partners</b>		
Name: _____		
Address: _____		
Telephone No.: _____	Date of birth: _____	
Name: _____		
Address: _____		
Telephone No.: _____	Date of birth: _____	
Name: _____		
Address: _____		
Telephone No.: _____	Date of birth: _____	
SABR Office use: Approved by: _____      Date: _____		



## APPLICATION FOR CREDIT TERMS AND CONDITIONS

1. Should SABR PTY. LTD. (ABN: 19 256 009 121) (SABR) consider it relevant to assessing my/our application for credit, I/we agree to SABR obtaining personal information about me/us in relation to this application. (A company search may be undertaken to confirm the correct name of the company, its ACN number and who are the directors of the company.) All personal information obtained will be dealt with in accordance with SABR's Privacy Policy.
2. If SABR considers it relevant and necessary in the collection of any overdue payment in respect of the credit provided to me/us, I/we agree to SABR obtaining a credit report containing personal information about me/us in relation to collecting any overdue payments.
3. I/we agree that SABR may give to and seek from other credit providers information about my/our credit arrangement. I/we understand that this information may include any information about my/our credit worthiness, credit standing, credit history or credit capacity as allowed to be given by law.
4. That SABR, solely at its discretion, reserves the right to grant or refuse this application for a credit facility.
5. I/we agree to inform SABR in writing within seven (7) days of any change ownership of my/our business or corporate entity, including change of address, telephone, facsimile, or other contact details. I/We agree that any change of ownership, whether or not SABR is advised of such change, will not effect my/our liability or the liability of any guarantors under the terms of this agreement.
6. I/we note that SABR payment terms are 15 days from invoice date. We agree to pay in accordance with those terms for any goods or services SABR supply to us.
7. I/we acknowledge by my/our signature below acceptance of the attached Terms and Conditions of Sale (i.e. Terms of Trade) in respect of credit granted by SABR PTY LTD.
8. I/we acknowledge that the information provided within this notice is correct and has been read and understood by each of the signatories appearing on this Application for Credit.

**I/We acknowledge that I/We am/are authorised to make this application and enter into this agreement on behalf of the company (INSERT NAME OF COMPANY ).**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position** \_\_\_\_\_

**Notes**      **If the applicant is a partnership, then all partners should sign.**  
                 **If the application is for a company, a minimum of one director MUST sign.**

**Please return by facsimile to 03 9551 8594**