

PO Box 781 Ingleburn NSW 1890 ABN: 82 331 629 658 Phone: 1300 138 620 Fax: 9829 6907

APPLICATION FOR CREDIT ACCOUNT AND GUARANTEE

Please supply with your application a photocopy of your Drivers Licence for identification.

account then such Director or Proprietor will remain personally liable to pay the account.

Trading terms are 7 days from invoice date and the PERSONAL GUARANTEE of all directors and proprietors is required from any Company or Business. CREIT is NON-ASSIGNABLE or TRANSFERABLE and all accounts become due and fully payable immediately on such Director or Proprietor no longer holding the office of director or proprietor. In event that the Company or Business does not pay the

CUSTOMER NAME:			
BUSINESS ADDRESS:			
POSTAL ADDRESS:			
REGISTERED ADDRESS	S:		
PHONE NUMBER:		FAX NUMBER:	
A.B.N.		E MAIL:	
TYPE OF BUSINESS STI	RUCTURE: Company/Sole Ti	rader/Partnership/Government (Ci	ircle which is applicable)
NATURE OF BUSINESS:			
BUSINESS COMMENCE	ED:	CREDIT REQUIRED:	
BANK:		BRANCH:	
DIRECTORS: Please supply full names and residential addresses of Guaranteeing Director(s)/Proprietor(s)			
REFERENCES: Please provide names and addresses of three referees who can support your Credit Application			
Phone:			
Phone:			
3		Phone:	
If IFE Forklifts considers it relevant credit reporting Agency a credit reforklifts. 2. Exchanging information will/we agree to IFE Forklifts obtaining for IFE Forklifts, or that may be not IFE Forklifts.	nt to assessing my/our application from the port containing personal credit information the credit providers (Section ng personal information about me/u amed in a Credit Report, for the pur	is from other credit providers, whose pose of assessing my/our application	FE Forklifts obtaining from a symmetrical credit provided by IFE names I/we may have provided for commercial credit made to
3. Agreement to a Credit Provider being given a consumer credit report to collect overdue payments on commercial credit (Section 18K 1(h) Privacy Act 1988) I/we agree that IFE Forklifts may obtain a credit report about me/us from a credit reporting agency for the purpose of collecting overdue payments relating to commercial credit owed by me/us.			
Name:	Signed:	Title:	TD. 4
			Date:
Name:	Signed:	Title:	Date:
Name:	Signed:		Date:
Name: Please supply with your a	Signed:	Title: our drivers Licence for ide	Date: