

Summit Group Australia

SUMMIT TECHNOLOGY (ABN 70 069 037 627) SUMMIT PRINTING (ABN 67 087 824 333)

Application For Commercial Credit Account – Confidential

Please fill in all the following information as accurately as possible, as any decision to grant credit will be made in reliance upon the information contained herein.

Name of Company : _____

Trading Name : _____

Postal Address : _____ Postcode : _____

Registered Address : _____ Postcode : _____

Website : _____

A.C.N : _____ A.B.N. : _____ Nature of Business : _____

Type of Business: Sole Trader Partnership Proprietary Co Public Co.

Others : _____ Date Business Established : _____

Contact Name : _____ Title : _____

Tel : _____ Fax : _____ Email : _____

Accounts Contact: _____ Tel : _____ Fax : _____

Names and Address of Directors/Shareholders/Company Secretary/Partners/Sole Traders

Given Name	Surname	Residential Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the Company is a subsidiary, name the ultimate Holding Company : _____

Is the Company the Trustee of a Trust. Yes/No. If Yes, Name of Trust : _____

Name of Accountants/Auditors : _____

Estimated Monthly Purchases/Credit Required \$ _____

Credit Limit Requested : _____ Credit Period : _____

Trade References; Three (3) to be supplied (Major Suppliers Only)

Company Name : _____ Contact Name : _____

Address : _____

Tel No. : _____ Fax No. : _____

Approximate Annual Turnover : _____ Credit Period : _____

Company Name : _____ Contact Name ; _____

Address : _____

Tel No. : _____ Fax No. : _____

Approximate Annual Turnover : _____ Credit Period : _____

Company Name : _____ Contact Name : _____

Address : _____

Tel No. : _____ Fax No. : _____

Approximate Annual Turnover : _____ Credit Period : _____

Certification:

I/We understand that credit may be withdrawn should the authorised credit limit be exceeded. Summit is hereby given authority to make inquiry as to the credit and financial responsibilities of the Applicant and/or the directors as required by the company from time to time, including obtaining reports from the Credit Reporting Agencies and to provide details relating to the Applicant's Commercial Credit Account to third parties including Credit Reporting Agencies, for credit reference purposes.

Any expenses, costs or disbursement incurred by Summit in recovering any outstanding monies owing on this account, including debt collection fees and solicitor costs, shall be paid by the customer/applicant.

The law in force in New South Wales governs this credit arrangement.

I/We certify that I/We are authorised to sign this Credit Application form and that the information given is true and correct to the best of my/our knowledge.

SIGNATURE _____ POSITION _____

PRINT NAME _____ DATE _____

SIGNATURE _____ POSITION _____

PRINT NAME _____ DATE _____

FOR OFFICE USE ONLY

Proposed by:

Recommended by:

Sales / Marketing Manager

General Manager

Comments : _____

Application Approved/Not Approved

Credit Limit Approved : _____

Credit Terms Approved: _____

Finance Manager/Date

CEO (where limit > \$50,000)