



**APPLICATION FOR CREDIT FACILITY**

**Legal Name of Entity:** .....

**Trading Name** (if different from above): .....

ABN: ..... Date of Application: ..... / ..... / .....

Business Street Address: .....

..... Postcode: .....

Postal Address: .....

..... Postcode: .....

**Full Name of Directors / Proprietor, Street Address and Phone Number:**

1. .... Ph: .....

2. .... Ph: .....

Nature of Business: ..... No. of Years Established: .....

Bank: ..... Contact: ..... Ph: .....

Accountant: ..... Contact: ..... Ph: .....

**Trade References:**

1. Company: ..... Contact: ..... Ph: .....

2. Company: ..... Contact: ..... Ph: .....

**Account Facility requested** (circle all that apply)

- Air Export
- Sea Export
- Domestic
- Import
- Packaging Supplies

Estimated total monthly purchases \$ .....



**The following conditions apply**

1. The business transacted is subject to our general trading conditions which are available upon request.
2. Disbursements are due on receipt of invoice and all other charges are due 7 days from date of invoice.
3. Any credit facility may be withdrawn at any time.
4. The applicant/s agree to Marair Dangerous Goods Specialists Pty Ltd obtaining a credit reports on the applicant/s from a credit reporting agency for the purposes of assessing this application and for the purposes of assessing the continuance of the credit facility.
5. The applicant/s agree to Marair Dangerous Goods Specialists Pty Ltd contacting the references provided on this application for the purposes of assessing this application.
6. The applicant/s agree to reimburse Marair Dangerous Goods Specialists Pty Ltd any and all costs associated with the recovery of outstanding debts, in the event of payment default.
7. The applicant/s in their capacity as Director/s of the applicant company accept personal liability for unpaid debts and associated recovery costs in the event of any payment default.
8. The applicant/s agree to Marair Dangerous Goods Specialists Pty Ltd disclosing to any credit reporting agency and / or debt collection agency any information relating to the application and account details for the purpose of recovery of any and all amounts outstanding, in the event of a payment default.

**I/we, the applicant/s, agree to the above terms and conditions**

Signed: ..... Date: ..... / ..... / .....

Name: ..... Position: .....

Signed: ..... Date: ..... / ..... / .....

Name: ..... Position: .....

Stamp / Common Seal

**Please fax application to (03) 9330 4315 on completion of both pages**