

# Application for credit account

3010 Management Trust ABN 48 535 869 203 trading as Complete property service Australia

Business Name \_\_\_\_\_ Abn \_\_\_\_\_

Trading As \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_

Post Code \_\_\_\_\_ State \_\_\_\_\_ Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_ State \_\_\_\_\_

Purchasing Person Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Delivery Address \_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_ State \_\_\_\_\_

Nature of Business \_\_\_\_\_ QHA Member # \_\_\_\_\_

Accounts Person Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Postal Address \_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_ State \_\_\_\_\_

Trade Reference1 Name \_\_\_\_\_ Phone# \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_

Post Code \_\_\_\_\_ State \_\_\_\_\_ Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_ State \_\_\_\_\_

Trade Reference 2Name \_\_\_\_\_ Phone# \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_

Post Code \_\_\_\_\_ State \_\_\_\_\_ Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_ State \_\_\_\_\_

I (insert authorised representative name) \_\_\_\_\_

Declare that the information provided above is true and correct to the best of my knowledge. As an authorised representative of the above organisation we agree to the payment of all costs incurred in the collection of any outstanding debt owed to 3010 Management Trust after 30 days from the date of invoice. We also acknowledge the right of 3010 Management Trust to impose and collect a management fee of 2.5% per month of the value of any and all outstanding balances, if any invoice should remain unpaid after a period of 30 days from the date of the oldest outstanding invoice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return via Email to [accounts@cpsa.email](mailto:accounts@cpsa.email)