

CREDIT APPLICATION for BUSINESS ACCOUNT

1. BUSINESS CONTACT INFORMATION

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|---|--|--|--|
| Legal Name: | | | |
| ABN: | | | Business Structure: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other |
| Date of Business Commencement: | | | |
| Name of Applicant or Relevant Director: | | | |
| Applicant Position: | | | Estimated Monthly Spend: |
| Email: | | | \$ |
| Business Address: | | | |
| Business Phone: | | | # of Years in Business: |
| Delivery Address (if different to above) | | | |
| Nature of Business: | | | |

2. CUSTOMER BANK DETAILS

| | | | |
|-------------------------|-----|--|-------|
| Bank Name: | | | |
| Branch Address: | | | |
| Bank Account: | BSB | | ACC # |
| Credit Limit Requested: | | | |

3. PVMS BANK DETAILS

| | | | |
|-----------------|---|---------|----------------|
| Bank Name: | Commonwealth Bank | | |
| Account Name: | ProVision Medical Supplies | | |
| Branch Address: | Shop 58/59 Marrickville Metro, 34 Victoria Rd Marrickville NSW 2204 | | |
| Bank Account: | BSB | 062-692 | ACC # 79198158 |

4. REFERENCES [please provide 2 or 3 references from existing suppliers for a credit check if required]

| | | |
|----------------|----------------------|------------------|
| Business Name: | Contact Name & Role: | Contact Details: |
| | | |

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5. AGREEMENT *(by completing this application, you agree to the following):*

1. All accounts are to be paid in full 28 days from the previous month end.
2. Claims arising from invoices must be made within five business days.
3. Interest of 7% will be applied to outstanding balances exceeding 28 days.
4. By submitting this application, you authorise PVMS to make inquiries into the banking and business/trade references that you have supplied.
5. You are authorised to submit this application on behalf of your business.
6. The person whose name appears in Section 1 of this application is financially and personally responsible for the payment of monthly and outstanding account balances.
7. PMVS reserves the right to deny an application, and freeze or close an account if improper, unethical, unlawful, or corrupt behaviour is evident from the applicant. This includes sharing information and data given to the applicant in confidence.

6. SIGNATURES *(office bearers of the business to sign)*

| | |
|-------------------|--|
| Name: | |
| Position: | |
| Signature: | |
| Date: | |
| | |
| Name: | |
| Position: | |
| Signature: | |
| Date: | |