



## APPLICATION FOR CREDIT [30 DAY ACCOUNT]

THIS AGREEMENT made the ..... day of ..... 20

BETWEEN: **OFFICELINX** ABN: **53 832 507 571** (the Supplier) of the one part

AND .....(the Customer) of the other part

Please complete all boxed areas of this form. If a section is not applicable, write "N/A in the box.  
Once completed, please post this form to Officelinx, 99 Lipson Street, Port Adelaide SA 5015.

**Ph: 08 8341 2569 Fax: 08 8341 2568**

The Applicant is a:  Company:  partnership; or  individual ABN:

|                                |  |                |  |
|--------------------------------|--|----------------|--|
| <b>APPLICANT'S LEGAL NAME:</b> |  |                |  |
| <b>TRADING/BUSINESS NAME:</b>  |  |                |  |
| <b>BUSINESS ADDRESS:</b>       |  |                |  |
| <b>POSTAL ADDRESS:</b>         |  |                |  |
| <b>PHONE NO:</b>               |  | <b>FAX NO:</b> |  |
| <b>EMAIL:</b>                  |  |                |  |

| STATE NAMES & ADDRESSES OF PROPRIETOR, PARTNERS OR DIRECTORS |          |           |
|--|----------|-----------|
| NAME:  | ADDRESS: | PHONE NO: |
|  |          |           |
|  |          |           |
|  |          |           |
|  |          |           |

|   |  |
|---|--|
| <b>NUMBER OF YEARS BUSINESS OPERATED BY CURRENT OWNERS:</b> |  |
| <b>NATURE OF BUSINESS:</b>                                  |  |
| <b>AFFILIATED OR PARENT COMPANIES:</b>                      |  |

|                                       |                          |                |                          |                  |                          |
|---------------------------------------|--------------------------|----------------|--------------------------|------------------|--------------------------|
| <b>BANK:</b>                          |                          | <b>BRANCH:</b> |                          | <b>HOW LONG:</b> |                          |
| <b>BUSINESS PREMISES OWNED</b>        | <input type="checkbox"/> | <b>RENTED</b>  | <input type="checkbox"/> | <b>LEASED</b>    | <input type="checkbox"/> |
| <b>NAME OF ACCOUNTANTS/TAX AGENT:</b> |                          |                |                          |                  |                          |

| LIST THREE (3) CURRENT TRADE REFERENCES                |          |           |         |
|--|----------|-----------|---------|
| NAME:  | ADDRESS: | PHONE NO: | FAX NO: |
|  |          |           |         |
|  |          |           |         |
|  |          |           |         |
| <b>ANTICIPATED VOLUME OF TRADING MONTHLY:</b>          | \$       |           |         |
| <b>NAME OF PERSON AUTHORISING PAYMENT OF ACCOUNTS:</b> |          |           |         |
| <b>POSITION:</b>                                       |          |           |         |

## TERMS AND CONDITIONS

The Applicant (in these Terms and Conditions referred to as “you”) consents to the collection by Officelinx of any personal information about you provided on this form. You acknowledge that you are aware that:

- any personal information is collected for the purposes of assessing this application and establishing an account with Officelinx, and may in some circumstances be provided to third parties, for example debt collection agencies;
- you may request access to the personal information about you that Officelinx holds; and
- if you do not provide all information requested, Officelinx will not be able to assess this application and it may be rejected;

If the personal information of other individuals has been provided on this form, you warrant that;

- you obtained the consent of those individuals to disclose their personal information to Officelinx; and
- you made those individuals aware (or reasonably believe that they are aware) of the information set out above.

Officelinx may give information about you to a credit reporting agency to obtain a consumer credit report about you, and/or to allow the credit reporting agency to create or maintain a credit information file containing information about you. This information (which may be given before, during or after the provision of credit to you) may include:

- your identity particulars;
- the fact that you have applied for credit;
- the fact that Officelinx is a current credit provider to you;
- payments which are overdue by more than 60 days, and for which debt collection action has started;
- advice that your payments are no longer overdue in respect of any default that has been listed;
- Information that, in the opinion of Officelinx, you have committed a serious credit infringement (that is, acted fraudulently or shown an intention not to comply with your credit obligations); and
- dishonoured cheques – cheques drawn by you for \$100 or more which have been dishonoured more than once.

You hereby apply for a credit account with Officelinx. If this application is accepted by Officelinx, you agree, in consideration of the provision of credit account facilities by Officelinx to you:

- to comply strictly with Officelinx trading terms and conditions (notwithstanding any previous failure to enforce those terms and conditions or waiver of them by Officelinx), including making payment within thirty (30) days from the date of purchase;
- to pay any expenses, costs of disbursements incurred by the Supplier in recovering any outstanding monies including debt collection agency fees and solicitors costs, providing that those fees do not exceed the scale charges as charged by that debt collection agency/solicitor and in any event the commission is not to exceed 18% of the debt value, plus out of pocket expenses;
- that property in the products will not pass to you until such time as the price (and the price of all other products supplied by (Officelinx) has been paid in full. Until the price has been paid in full, you should store the products in such a manner as to show clearly that they are the property of Officelinx and you may not sell the products or grant any charge or other interest in connection with the products; and
- that this agreement is governed by the laws of South Australia and you irrevocably submit to the jurisdiction of the courts of that State.

**Officelinx may accept or reject this application in its absolute discretion and without providing reasons for the decision.**

|  |  |
|--|--|
| If the Applicant is a company– to be signed by two directors, a director and a secretary, or the sole director (if a sole director company)<br>If the Applicant is an individual – to be signed by the individual and a witness<br>If the Applicant is a partnership – to be signed by at least one partner authorized to sign on behalf of the partners |  |
| _____<br>Signature   | _____<br>Signature (write “N/A” if a sole director company)  |
| _____<br>Name and Position   | _____<br>Name and Position (Name only if a witnessing party)   |
| _____<br>Date  | <div style="text-align: center;"><b>Office Use Only</b></div> Approved/Rejected<br>Contacted                      on                      by |