

ACCOUNT CREDIT APPLICATION

Sole Trader Partnership Company Trust

Company/Customer Name			
Trading Name			
ABN		ACN	
Type of Business			
Year commenced Trading			

GENERAL INFORMATION

Contact			
Telephone Number			
Email			
Postal Address		Suburb	
State		Post Code	
Street Address		Suburb	
State		Post Code	
Bank		Branch	

INVOICING INFORMATION

(Please complete this section if you require your invoices to be sent to an alternate location than above)

Contact for Invoices			
Telephone Number			
Email			
Postal Address		Suburb	
State		Post Code	

Full Details of Proprietor(s), Partner(s), Director(s), or Trustee(s) of the Applicant

Surname		Date of Birth	
Given Names		Drivers Licence No	
Title / Position		Telephone Number	
Full Residential Address		Mobile Number	
State		Post Code	

Full Details of Proprietor(s), Partner(s), Director(s), or Trustee(s) of the Applicant

Surname		Date of Birth	
Given Names		Drivers Licence No	
Title / Position		Telephone Number	
Full Residential Address		Mobile Number	
State		Post Code	

Full Details of Proprietor(s), Partner(s), Director(s), or Trustee(s) of the Applicant

Surname		Date of Birth	
Given Names		Drivers Licence No	
Title / Position		Telephone Number	
Full Residential Address		Mobile Number	
State		Post Code	

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TRADE REFERENCES

Company Name		Contact Name	
Telephone Number		Email	

Company Name		Contact Name	
Telephone Number		Email	

Company Name		Contact Name	
Telephone Number		Email	

Any items not properly completed may delay the processing of this application

PRIVACY CONSENT AND ACKNOWLEDGEMENT BY APPLICANT

This application form contains information of a private and confidential matter. By signing this application Coffey Testing Pty Ltd is being authorised to conduct any credit/ reference checks to satisfy itself and make a judgement in consideration of this application for credit.

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection agency, any costs incurred in the recovery of this account including, all legal costs, commission, and any other incidentals will be added on to the amount outstanding.

Payment terms are strictly 14 days from date of invoice.

The undersigned hereby acknowledges the detail contained above and agrees to the terms and terms of payment detailed in this application for credit. The undersigned hereby acknowledges the detail contained above and agrees to Coffey Testing's terms and conditions which can be found at:

<https://coffeytesting.com.au/credit-application-terms-and-conditions/>

Company/ Customer Name _____
Authorised Person _____
Signature _____ Date _____

In the Presence of	
Full Name _____	_____
(Please print)	Witness Signature

Initial Here

PERSONAL GUARANTEE AND INDEMNITY ("GUARANTEE")

We acknowledge that an invoice will be issued for your services and we agree to pay this invoice in full.

We acknowledge that we are personally responsible for the payment of all charges incurred and that we are signing a Personal Guarantee

We acknowledge that further action may be taken to secure payment of overdue/outstanding accounts.

We also acknowledge that any costs incurred in the recovery of this account including commission, legal fees and any other incidentals incurred in the collection of this account will be added on to the outstanding balance.

This guarantee is a continuing guarantee and shall not be discharged in any way by any arrangement made by the company/partnership or by the company's partnership's insolvency.

IMPORTANT: By signing below you are signing a personal guarantee under which you may become liable for all monies owed by your company/partnership.

Dated thisday ofin the year.....

EXECUTED AS A DEED

The Guarantor(s)

Full Name _____ (Please print) Address: _____ _____	_____ Authorised Officer of the Company
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Full Name _____ (Please print) Address: _____ _____	_____ Authorised Officer of the Company
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Full Name _____ (Please print) Address: _____ _____	_____ Authorised Officer of the Company
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In the Presence of Full Name _____ (Please print)	_____ Witness Signature
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Please return your completed Credit Application to ar@coffeytesting.com

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OFFICE USE ONLY

Lab to Complete	
Work type	<input type="checkbox"/> Ongoing <input type="checkbox"/> One-Off
Length of work	
Expected spend	
Admin to Complete	
Lab Requesting	
Actioned By	
Date	
Application Approved	
Qestlab Reference	
MYOB Reference	

Initial Here