



## CREDIT APPLICATION FORM (30 day account)

BUSINESS NAME _____	ABN NUMBER _____
TRADING AS _____	
REGISTERED OFFICE _____	
BILLING ADDRESS _____	
DELIVERY ADDRESS _____	
TELEPHONE _____	FAX _____ EMAIL _____
SOLE TRADER <input type="checkbox"/>	REGISTERED COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>

If A Registered Company, Directors Names And Addresses.  
If A Partnership Or Sole Trader, Principles Name And Addresses Must Be Provided

OWNER <input type="checkbox"/>	DIRECTOR <input type="checkbox"/>	OWNER <input type="checkbox"/>	DIRECTOR <input type="checkbox"/>
NAME _____	NAME _____	NAME _____	NAME _____
PRIVATE ADDRESS _____	PRIVATE ADDRESS _____	PRIVATE ADDRESS _____	PRIVATE ADDRESS _____
TELEPHONE _____	TELEPHONE _____	TELEPHONE _____	TELEPHONE _____
DRIVERS LICENSE No _____	DRIVERS LICENSE No _____	DRIVERS LICENSE No _____	DRIVERS LICENSE No _____

CONTACT FOR PAYMENT _____
POSITION _____ TELEPHONE _____
AMOUNT OF CREDIT REQUESTED (MONTHLY) _____

**ACKNOWLEDGEMENT:** I Undertake To Advise Of Any Change Of Ownership And Acknowledge That I Have Read , Understand , And Accept The Trading Terms Listed On This Form And The Attached Terms And Conditions Of Sale On The Reverse Of This Form .

**PERSONAL GUARANTEE:** I / We Acknowledge That I / We Have Read And Understand The Trading Terms Listed In This Form And The Attached Terms And Conditions Of Sale . In Consideration Of Dasch Group Pty Ltd , French Bee , Switch One Providing Credit To The Applicant , I / We Hereby Personally Guarantee Payment Of Monies Outstanding To The Supplier For The Sale Of Goods To The Applicant From Time To Time And I / We Also Personally Guarantee The Due And Full Compliance By The Applicant Of The Terms Of Sales Contained Herein . I / We Acknowledge That In The Event The Trading Account Remains Unpaid After Expiration Of 60 Days From The Date Of Invoice Dasch Group Pty Ltd Shall Have The Right To Apply Interest To The Account At The Rate Of 1.5% Per Month To The Account .

**GUARANTORS** (must be Owner, Director, Partner or Trustee)

SIGNATURE _____	SIGNATURE _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
WITNESS NAME _____	WITNESS NAME _____
DATE _____	DATE _____

**Above Signature Must be Witnessed For Benchmark Finance Credit Approval**