

ECO Imports Pty Ltd

ABN 59 111 432 001 ACN 111 432 001

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company or Trader Applicant Name(s):			
Name of Contact Person:		ABN:	
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:		State:	Post Code:
How long have you been operating the business in its' current format?:			
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Private Company: <input type="checkbox"/>	Public Company: <input type="checkbox"/>

BUSINESS AND CREDIT INFORMATION

Primary business address (Shipping/Operating):		
City:	State:	Post Code:
Primary business address (Postal):		
City:	State:	Post Code:
How long at current address?		
Phone:	Fax:	E-mail:

Bank Name:	BSB: _ _ _ - _ _ _ _	Acc#:
Bank address:	Phone:	
City:	State:	Post Code:
Bank Contact for reference:		

BUSINESS/TRADE REFERENCES

1. Company name:		Contact:	
Address:			
City:	State:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account (terms):		Average monthly trading: \$	
2. Company name:		Contact:	
Address:			
City:	State:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account (terms):		Average monthly trading: \$	
3. Company name:		Contact:	
Address:			
City:	State:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account (terms):		Average monthly trading: \$	

DIRECTOR/PROPRIETOR DETAILS		
1. Name:		DOB:
Residential Address:		
City:	State:	Post Code:
Phone:	D/L#:	
2. Name		DOB:
Residential Address:		
City:	State:	Post Code:
Phone:	D/L#:	
3. Name:		DOB:
Residential Address:		
City:	State:	Post Code:
Phone:	D/L#:	
ACCOUNT TERMS		
Terms Requested: Pro Forma (Prepaid) <input type="checkbox"/> 30 Days on Invoice <input type="checkbox"/>		
Expected average monthly value of account:		
AGREEMENT		
<ol style="list-style-type: none"> 1. I/We hereby apply for the opening of a credit trading account and provide the information requested to support the application 2. I/We understand that credit may be withdrawn at any time. 3. All invoices on terms are to be paid pro-forma or 30 days from the date of the invoice if terms approved. 4. I/We understand that finance and administration charges may be applied to overdue balances. 5. I/We understand that we are liable for third party collection costs if our account goes into default. 6. I/We understand that directors' personal guarantees may be required. 7. Claims arising from invoices must be made within seven working days. 8. By submitting this application, you authorize ECO Imports Pty Ltd. to make inquiries into the banking and business/trade references that you have supplied. 		
SIGNATURES		
Name(in block capitals):	Name(in block capitals):	
Position:	Position:	
Signature:	Signature:	

WHICH ECO IMPORTS TRADING UNIT ARE YOU WISHING TO ACCESS?	
Yardgames Wholesale <input type="checkbox"/>	Piste Headz Wholesale <input type="checkbox"/>

How did you hear about ECO Imports (Yardgames/Piste Headz)? _____

How do you plan on selling/distributing products sourced from ECO Imports? _____

Do you have a business plan/marketing approach? If yes please detail or attach a copy _____

OFFICE USE ONLY

Y

C/L

TMS

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