

**APPLICATION FOR CREDIT**

**30 DAY FROM EOM COMMERCIAL ACCOUNT**



**Customer's account details**

*All sections must be completed*

The Customer hereby applies to Specialty Fasteners (ABN: 60 001 560 443) trading as Global Fasteners for Credit facilities and submits the following confidential information for this purpose only.

<b>Type:</b> Business name [ ] Company [ ] Partnership [ ] Trust/charity [ ] Government [ ] Sole trader [ ]	
<b>Full official registered name:</b>	
<b>Preferred Account Name:</b>	
<b>A.B.N. No.:</b>	<b>ACN No.:</b>
<b>Full business address:</b>	
<b>Postal address:</b>	
<b>Business phone No.:</b>	<b>Business fax No.:</b>
<b>Email address:</b>	
<b>Chargeholders over company (name and registered number of charge):</b>	
<b>Estimate of annual turnover:</b>	
<b>Years in operation:</b>	
<b>Number of employees:</b>	
<b>Account enquiries to:</b>	

**Name, address and phone No. of sole trader, partner, directors or trustees**

<b>Name:</b>		
<b>Address:</b>		
<b>Home telephone No.:</b>		<b>Mobile:</b>
<b>Name:</b>		
<b>Address:</b>		
<b>Home telephone No.:</b>		<b>Mobile:</b>
<b>Name:</b>		
<b>Address:</b>		
<b>Home telephone No.:</b>		<b>Mobile:</b>

**Trade & Credit References (at least 3 references are required)**

Company Name	Contact Name	Telephone No.	Email.

## Customer's Credit Details

<b>Bank/financial institution ("the bank"):</b>	
<b>Branch:</b>	
<b>Account No.:</b>	
<b>Address:</b>	
<b>Town/suburb:</b>	
<b>State/country:</b>	
<b>Postcode:</b>	

## Customer's Declaration and Agreement

I/We the Customer and Signatory below:

1. warrant to Specialty Fasteners that the foregoing information is true and correct;
2. if signing on behalf of other persons/companies who comprise the Customer, warrant to Specialty Fasteners that I/We am/are authorised to sign this application on behalf of those other parties;
3. if signing as an officer of a Company, expressly warrant to Specialty Fasteners that the Customer is solvent and able to pay its debts as and when due.

## Signatures of all Trustees/Directors/Partners or Sole Trader

<b>Signature:</b>	
<b>Name:</b>	
<b>Position held:</b>	
<b>Date:</b>	

<b>Witness Signature:</b>	
<b>Witness Name:</b>	
<b>Witness Address:</b>	

## Guarantee and Indemnity

If you are a private company, the signatory or signatories to this Agreement whose names appear on the first page of this Agreement acknowledge that they have all necessary authority to bind the Customer and that they requested us to enter into this Agreement with the Customer and consideration of that Agreement hereby (and if more than one jointly and severally) guarantee to us the due and punctual performance by the client of all the terms and conditions of this Agreement and further agree to indemnify and keep us indemnified against any loss or damage howsoever arising which we may suffer in consequence of any failure by the Customer to perform its obligations under this Agreement (including those relating to payment, interest, costs and expenses) or for any other reason whatsoever and this Guarantee shall not be effected or discharged by the granting to the Customer of any time or other indulgence or consideration or transaction whereby the liability of those Signatories would, but for the provisions of this clause, have been effected or discharged.

<b>Executed as an Agreement</b>	
<b>SIGNATURE OF GUARANTORS:</b>	

All Company Directors where the Customer is a Company, all Trustees with a Customer as a Trust, or Partners where the Customer is a partnership must give this Guarantee and Indemnity:-

<b>Name of Commercial Credit Applicant ("the Customer"):</b>	
<b>Signature:</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>Date:</b>	

This Guarantee should be witnessed by an independent third party:-

<b>Witness signature:</b>	
<b>Witness name:</b>	
<b>Witness address:</b>	

**Additional Information:**

<b>Credit Limit requested:</b>	\$	<b>mandatory</b>
<b>Are Order Numbers mandatory:</b>	<b>Yes / No (please circle)</b>	<b>mandatory</b>
<b>Industry Type (eg. Plumber):</b>		<b>mandatory</b>
<b>Market Area:</b>	<b>Domestic / Commercial (please circle)</b>	<b>mandatory</b>

**Existing Account Holders:**

<b>Name of Associated entity:</b>	
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**Please return to your local store or by Email:**

<b>Cairns:</b> 51 Dutton Street Portsmouth QLD 4870 P: 07 4031 6978	<b>Townsville:</b> 36 Mackley Street Garbutt QLD 4814 P: 07 4727 1111	<b>Mackay:</b> 2c Victoria Street Mackay QLD 4740 P: 07 4957 8855	<b>Rockhampton:</b> 213 Denison Street Rockhampton QLD 4700 P: 07 4921 0800	<b>Brisbane:</b> 2/1 Gliderway Street Bundamba QLD 4304 P: 07 3282 4490
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**Email: [admin@global-fasteners.com.au](mailto:admin@global-fasteners.com.au)  
PO Box 522, Aitkenvale QLD 4814**