

CREDIT APPLICATION FORM INSTRUCTION SHEET

1. Client and Delivery Details

Date Required by: _____

TO: MELLOR OLSSON Lawyers 80 King William Street Adelaide SA 5000	FROM: _____ Delivery _____ Address _____ _____
Ph: 8414 3521 Fax: 8414 3455	Ph: _____ Fax: _____
Att: _____	Att: _____

2. Client Details

2.1 Name of Client: _____
2.2 Address of Client: _____ P/C _____

3. Client/Supplier Details

3.1 Name: _____ A.C.N. ____ ____ ____
3.2 Business Address: _____ _____ P/C _____ Registered Office: _____ _____ P/C _____
3.3 Business Name (if any): _____
3.4 Contact Details - Name: _____ Ph: _____ Fax: _____
3.5 Nature of Business: _____

4. Terms and Conditions of Sale

4.1 Payment Terms _____ days from <input type="checkbox"/> Invoice <input type="checkbox"/> End of month of Invoice
4.2 Interest Rate on Overdue Accounts: _____%
4.3 Retention of Title Clause <input type="checkbox"/>
4.4 Guarantee Clause <input type="checkbox"/>
4.5 Limitation on Warranty <input type="checkbox"/>
4.6 Other Requirements: _____ _____