

## APPLICATION FOR MONTHLY CREDIT ACCOUNT

Application to open a monthly credit account with TECHSPAN AUSTRALIA PTY LTD (hereinafter called Techspan Group)

## **APPLICANT'S DETAILS**

Full company name			
Trading name			
Postal address			
Delivery address			
Telephone No:			
Fax No:			
Proprietors / Directors			
Primary contact			
Primary contact e-mail			
Secondary contact			
Secondary contact e-mail			
Expected monthly purchases			
Accounts contact			
Accounts contact e-mail			
External Accountant	Ph	e-mail	
BankContact	Ph	e-mail	
Date of Company Registration	No. of Staff		
Industry Sector			
Consent to e-mail invoices/statements	IYES □NO e-mail:		
Consent to e-mail product information, ne	ews, specials etc □Y	ES □NO e-mail:	

## **TECHSPANGROUP**

Ph: 1-800 148 791 Fax: 1-800 148 799 P O Box 1012, Mascot, NSW 1460, Australia e-mail: sales@techspanonline.com web: www.techspanonline.com

## **APPLICATION FOR MONTHLY CREDIT ACCOUNT, continued**

APPLICANT CREDIT REFERENCES		
1Ph:	Address	
2Ph:	Address	
3Ph:	Address	
behalf of	prrect and that I have the authority to make this application on	
Applicant's Signature	Date	
Applicant's Name	Title	
Witness Signature	Date	
Witness Name	Witness Address	
GUARANTEE TO TECHSPAN GROUP		
To be completed in full –		
I /we	(full name of Guarantor/s)	
in consideration of your agreeing to sup	ply goods on credit to	
	(full name of applicant)	
Do hereby agree and undertake with you (Te	echspan Group) as follows -	
times hereafter to become due to you by the of notes discounted, and liability undertake instrument shall constitute a continuing of si granting of credit extension of former credit	an Group) the due payment of all moneys now due or at anytime of a above-named for or on account of goods of services supplied, bills on for their accommodation, or any other reason whatsoever. This tanding Guarantee to the extent of my/our liability above stated. No of granting of time to the above-named and no waiver indulgence of my/our liability hereunder; as between myself/ourselves and your cipal Debtor and liable to you accordingly.	
Guarantor Signature	Guarantor Address	
Witness Signature	Witness Address	
Dated at	thisday of20	
Note - This form must be completed in full. The original	al signed form must be received by Tachsnan Group before the account can be	

opened. First orders must be paid for prior to deliver/collection of goods.