27 Titan Drive,
Carrum Downs VIC 3201
Ph.: (03) 9770 8390
Fax: (03) 9770 8490
Web: www.replas.com.au
Email: accounts.vic@replas.com.au

REPLAS
RECYCLED PLASTIC PRODUCTS

Account Application Form
For Supply of Credit

Repeat Products T/A Replas **(Referred to below as the supplier)**

Section 1 Business Structure of Customer:

**** Please only complete section 1, 2 or 3.***

1a. SOLE TRADER

(Referred to below as the customer)

Business Name

ABN

Full Name **(Referred to below as the Director)**

Surname

Given Names

Residential Address

CITY / SUBURB / TOWN

STATE

POSTCODE

Telephone

STD

HOME

STD

BUSINESS / WORK

AFTER HOURS / MOBILE NUMBER

Is Home: **OWNED?** ☐ **RENTED?** ☐

Please specify agent's name: _____

1b. PARTNERSHIP

(Referred to below as the customer)

Business Name:

ABN

PARTNER 1:

Full Name **(Referred to below as the Director)**

SURNAME

GIVEN NAMES

Residential Address

UNIT/STREET NUMBER & NAME

CITY / SUBURB / TOWN STATE POSTCODE

Is Home: **OWNED?** ☐ **RENTED?** ☐

Please specify agent's name: _____

PARTNER 2:

Full Name **(Referred to below as the Director)**

SURNAME

GIVEN NAMES

Residential Address

UNIT/ STREET NUMBER & NAME

CITY / SUBURB / TOWN STATE POSTCODE

Is Home: **OWNED?** ☐ **RENTED?** ☐

Please specify agent's name: _____

PARTNER 3:

Full Name **(Referred to below as the Director)**

SURNAME

GIVEN NAMES

Residential Address

UNIT/STREET NUMBER & NAME

CITY / SUBURB / TOWN STATE POSTCODE

Is Home: **OWNED?** ☐ **RENTED?** ☐

Please specify agent's name: _____

1c. COMPANY OR TRUST

(Referred to below as the customer)

Company Name:

ACN **ABN**

Company Address:

UNIT/STREET NUMBER & NAME

CITY / SUBURB / TOWN STATE POSTCODE

DIRECTOR 1: **(Referred to below as the Director)**

Full Name

SURNAME

GIVEN NAMES

Residential Address

UNIT /STREET NUMBER & NAME

CITY / SUBURB / TOWN STATE POSTCODE

Is Home: **OWNED?** ☐ **RENTED?** ☐

Please specify agent's name: _____

DIRECTOR 2: **(Referred to below as the Director)**

Full Name

SURNAME

GIVEN NAMES

Residential Address

UNIT/ STREET NUMBER & NAME

CITY / SUBURB / TOWN STATE POSTCODE

Is Home: **OWNED?** ☐ **RENTED?** ☐

Please specify agent's name: _____

SECTION 2: BUSINESS PROFILE

Type of Business: _____ **Year Business Commenced:** _____
Annual Turnover: $_____

Accountant

Name:

Telephone

How long has your accountant acted for you?

Years

Bank

Name of Bank

Branch

How long have you banked at that branch?

Years

Employees

Number of Employees

Are Business Premises:

OWNED? **RENTED?** *Please specify agent's name:*

_____

Solvency

1. Has the business had any judgments against it in the last 5 years?

YES **NO**

If yes, please provide details:

_____

2. Been in Receivership, Administration or subject to an unsatisfied Statutory Demand

YES **NO**

If yes, please provide details:

_____

Has any partner, director or principal

- **Been bankrupt?** **YES** **NO**
- **Entered an arrangement pursuant to the Bankruptcy Act?** **YES** **NO**
- **Had a judgment in the last 5 years?** **YES** **NO**

If yes, please provide details:

_____

SECTION C: MAJOR CUSTOMERS

NAME OF CUSTOMER	ANNUAL SALES TO CUSTOMERS ($)
1. _____	_____
2. _____	_____
3. _____	_____

SECTION D: TRADE REFERENCES

BUSINESS NAME	CONTACT NAME	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TRADING TERMS & CONDITIONS

1. An account keeping fee of $50.00 per month will be imposed on overdue Accounts.
2. Accounts referred to a Collection Agency or Solicitor will have all legal costs and commission added to the amount due.
3. Overdue accounts will be subject to interest at the rate prescribed by the Penalty Interest Rates Act (Vic) plus 2%.
4. Where more than one party is liable for payment of this account, they will be liable jointly and severally.
5. The customer covenants that the information provided in this Application is true and correct.
6. Orders are subject to the terms and conditions in quotations.
7. Property in any goods sold will not pass until payment for those goods is made in full. The customer shall keep such goods separate and shall allow access to the supplier to repossess such goods where this account is more than 30 days overdue of where the customer goes into receivership, liquidation or administration.
8. Reference to an individual includes reference to his heirs and executors and reference to a company shall include its Receivers, Administrators and Liquidator.
9. The granting of any credit by Replas to your business shall be at our absolute discretion and may be revoked at any time whereupon any and all amounts owing to Replas shall be paid immediately. If you do not abide by Replas agreed credit terms then all monies owing will become payable immediately.
10. All sales are of the full understanding that the customer has read and accepted the ''ordering process'' and ''product properties'' document as set on our Replas website.

Completed by;
Name…… **On behalf of the customer**

Date:…….. *(day)* ……*(month)* …… *(Year)*.

Position held: ……

Signature:

DEED OF GUARANTEE AND INDEMNITY SIGNED BY THE DIRECTOR

I /We.....

Of .....

(**"the Directors"**) in consideration of the within-named Supplier (**"the Supplier"**) providing credit to the within-named Customer (**"the Customer"**) at our request **DO HEREBY** for ourselves and respective executors and administrators jointly and severally covenant with the Supplier that if at any time default shall be made in the payment of any monies payable by the Customer to the Supplier we will forthwith on demand by the Supplier pay to it the whole of such monies which shall then be due and payable to the Supplier and will keep the Supplier indemnified against all losses costs charges and expenses whatsoever which the Supplier may incur by reason of any default on the part of the Customer in complying with the trading terms and conditions of the Supplier.

EXECUTED AS A DEED on the day of 20__

SIGNED SEALED AND DELIVERED)
By the Director:)
In the presence of:)

Witness:

SIGNED SEALED AND DELIVERED)
By the Director:)
In the presence of:)

Witness: