



Filters Plus (WA)
 ABN: 76 133 797 154
 U9, 511 Abernethy Road Kewdale WA 6105
 Phone: (08) 9451 1195 • Fax: (08) 9451 3172
 Email: accounts@filtersplus.co
 Web: www.filtersplus.co

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------|
| Client's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other: | | |
| Entity Name: | | |
| Trading Name (if different from above): | | |
| Physical Address: | State: | Postcode: |
| Billing Address: | State: | Postcode: |
| Email Address: | | |
| Phone No: | Fax No: | Mobile No: |
| Personal Details: <i>(please complete if you are an Individual/ Non-business buyer)</i> | | |
| D.O.B.: | Driver's Licence No: | |
| Business Details: <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified. Note: Sole traders to provide a copy of their Drivers Licence.)</i> | | |
| ABN: | ACN: | Date Established <i>(current owners)</i> : |
| Credit Limit Required <i>(Default limit \$2000)</i> : \$ | | |
| Directors / Owners / Trustee <i>(if more than two, please attach a separate sheet)</i> | | |
| (1) Full Name: | D.O.B.: | |
| Private Address: | State: | Postcode: |
| Driver's Licence No: | Phone No: | Mobile No: |
| (2) Full Name: | D.O.B.: | |
| Private Address: | State: | Postcode: |
| Driver's Licence No: | Phone No: | Mobile No: |
| Account Terms: <input type="checkbox"/> 30 Days from EOM | | |
| Purchase Order Required? <input type="checkbox"/> YES <input type="checkbox"/> NO | Accounts to be emailed? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Accounts Email Address: | | |
| Accounts Contact: | Phone No: | |
| Filters Plus (WA) Use Only: | | |
| PPSR Required: <input type="checkbox"/> YES <input type="checkbox"/> NO | Record #: | |

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Filterco Pty Ltd T/A Filters Plus which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client, I shall be personally liable for the performance of the Client's obligations under this contract.***

SIGNED (CLIENT): _____ **SIGNED (FILTERS PLUS):** _____
 Name: _____ Name: _____
 Position: _____ Position: _____
WITNESS TO CLIENT'S SIGNATURE:
Signed: _____ Name: _____ Date: _____

