



# Application for 7 Day Trading Account

Form: F301G

Castle Chemicals Pty Ltd  
ABN 86 001 443 901 ACN 001 443

SALES REPRESENTATIVE

16 Rural Drive  
SANDGATE NSW 2304  
Ph: (02) 4014 5555  
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Please note that all details must be completed for a 7 day account

ENTITY TYPE: Sole Trader  Partnership  Company  Trust

TRADING NAME: \_\_\_\_\_

COMPANY/TRUST NAME: \_\_\_\_\_

A.C.N No: \_\_\_\_\_ A.B.N No: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

NAME OF TRUSTEE OF TRUST: \_\_\_\_\_ TRUSTEE A.C.N: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ CREDIT LIMIT REQUIRED \$ \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ IS FORKLIFT UNLOADING AVAILABLE AT SITE: YES / NO

### DIRECTORS/PARTNERS/PROPRIETORS/TRUSTEES

1. Name & Address: \_\_\_\_\_ Position \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Name & Address: \_\_\_\_\_ Position \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

A late payment fee may be applied on unpaid invoices that are 14 days from due date at a daily rate of 0.03%

### 1) ACCOUNTS PAYABLE CONTACT DETAILS

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### 2) PURCHASING CONTACT DETAILS

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### 3) GENERAL MANAGERS CONTACT DETAILS

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### 4) OTHER CONTACT DETAILS

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account BSB: \_\_\_\_\_ Account No: \_\_\_\_\_

### BUSINESS REFERENCES

1. Individual and Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Individual and Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3. Individual and Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### DECLARATION

The Applicant requests the abovementioned Company/Firm ("The Seller") to open an account on the basis of the Seller's standard Conditions of Trading and agrees to be bound by such Terms. The Applicant and the signatory to this Application further acknowledge that the information provided in this Application is true and correct and has been relied upon by the Seller to determine whether to grant the Application credit and that the signatory has full authority to complete this Application Form on behalf of the Applicant.

### PRIVACY ACT CONSENTS

The Applicant further agrees that the Seller may disclose the Information contained In the Application and any default In the Seller's payments terms to a credit reporting agency in accordance with the provisions of the Privacy Act and may obtain a report regarding the Applicant's credit worthiness and credit history from a credit report agency or any credit provider in the application or disclosed by a credit reporting agency.

Signature of Applicant

Print Name

Position of Signatory

Date

### TERMS AND CONDITIONS

Title of all goods remain with Castle Chemicals Pty Ltd until all goods are paid for in full | Payment due on all credit sales 14 days from invoice date | Bank A/C BSB 122-794 A/C 22208081 | A credit MUST be requested within 14 days of the delivery date & a credit request CCF will be issued for review | A credit will only be issued when the CCF has been resolved | If goods are to be returned they must be returned within 14 days & with proof of delivery | A Goods Return Surcharge may be applied.