

Phasefale Controls Pty Ltd

ABN 31 137 560 153

*** New Account Application ***

Full Name of Business
A.B.N.
Street Address Post Code
Mailing Address Post Code
Email Website
Phone Fax
Nature of Business

Registered office Address

Name & Addresses of Directors, Partners or Owners

Full Name	Private Address	Phone Number
.....
.....
.....

How much do you estimate your maximum monthly purchases would be?

Bank Branch Phone

Name & address of three current trading references

1. Phone/Fax
2. Phone/Fax
3. Phone/Fax

I/We certify that the information submitted above is true and that I am authorised by my Company to sign this application to accept your Credit Terms and to grant permission to your organisation to refer this application to our bankers and the trade references noted above. It is further noted that your terms are STRICTLY 30 DAYS NETT. On making this application we acknowledge the principle that interest is charged by arrangement on overdue accounts.

Authorised signature Name in Block letters

CONTINUING GUARANTEE FOR SUPPLY OF GOODS TO:

Phasefale Controls Pty Ltd, 83 Taunton Drive, Cheltenham, Victoria, 3192

Ph: +61 (03) 9584 5590 Fax: +61 (03) 9584 5356 IN CONSIDERATION of your agreeing to supply

..... (insert company name) with goods on credit I HEREBY AGREE with you as follows:

1. GUARANTEE I shall be answerable and responsible to you for the due payment by the said (insert company name) for all goods as you may supply to him/her or it be subject to the limitation that my liability under this guarantee shall not at any time exceed the sum of \$

2. CONTINUING GUARANTEE. This agreement shall be a continuing guarantee to you for all debts whatsoever and whenever contract by the said (insert company name) with you in respect of goods to be supplied to him/her or it subject always to the above limitation.

DATED thisday of in the year

Signature of Surety

Name of Surety

Address of Surety

Name & Branch of Surety's banker for reference