



AGNES BANKS EQUINE CLINIC

ABN: 56 145 333 446

Credit Application

Company / Business Section:

Details of Entity: Company Partnership Sole Trader Trust

ABN: _____ ACN: _____ Date of Registration: _____
Business
Name _____

Trading
As _____

Street
Address _____

_____ State: _____ Postcode: _____

Postal Address for Correspondence:

Telephone: () _____ Fax () _____ Mobile _____

Email: _____

Nature of Business: _____

Accounts Contact Person: _____

Name of Bank: _____ BSB: _____ Account Number: _____

Business Premises Owned Rented Mortgaged

Number of Employees _____

Details of Owner: Sole Trader Partners Directors Trustees

Personal Section: To be completed by both company / business applicants and personal applicants:

Full Name: _____ Full Name: _____

Residential Address: _____ Residential Address: _____

_____ Postcode _____ Postcode _____

Telephone () _____ Telephone () _____

Work: () _____ Work: () _____

Fax: () _____ Fax: () _____

Mobile: _____ Mobile: _____

Drivers License No. _____ Drivers License No. _____

Date of Birth ___/___/____ Date of Birth ___/___/____

Banking Details: Banking Details:

Name of Bank _____ Name of Bank _____

Branch _____ Branch _____

BSB: _____ Acc No.: _____ BSB: _____ Acc No. _____

Trade References

Name _____ Telephone () _____ Contact _____

Name _____ Telephone () _____ Contact _____

Name _____ Telephone () _____ Contact _____

Terms and Conditions of Credit

1. In the event of Agnes Banks Equine Clinic Pty Ltd granting credit facilities to the applicant then:
 - (a) All accounts are to be settled within thirty (30) days of date noted on the Agnes Banks Equine Clinic Pty Ltd statement and / or invoice or within terms as individually agreed. Credit Facilities may only continue if payment is maintained in accordance with those agreed trading terms.
 - (b) Should the applicant default in making any payment in accordance with the agreed trading terms, then all monies due to Agnes Banks Equine Clinic Pty Ltd shall become immediately due and payable.
 - (c) Agnes Banks Equine Clinic Pty Ltd shall be entitled to charge interest at the rate of 1% per calendar month on all overdue amounts from the date due for payment until the actual payment
 - (d) Any expenses and / or costs or disbursements incurred by Agnes Banks Equine Clinic Pty Ltd in recovering any outstanding monies including debt collection agency fees and legal costs shall be paid by the Applicant.
 - (e) It is expressly understood and agreed that this credit arrangement may be terminated at any time by Agnes Banks Equine Clinic Pty Ltd. In that event, all monies owing to Agnes Banks Equine Clinic Pty Ltd will be immediately due and payable.
2. **Trust**

Where the applicant is a Trustee, the applicant shall be liable on the account and in addition the assets of the Trust shall be available to meet payment of any monies due and owing to Agnes Banks Equine Clinic Pty Ltd.
3. **Change of Ownership / Particulars.**

The Applicant will notify Agnes Banks Equine Clinic Pty Ltd no later than 14 days after any change of ownership, change in its particulars, any alteration or addition to shareholders or directors, and any change, alteration or addition to the Applicants internal structure and senior management.

Applicant's Declaration

I/We hereby apply for a credit facility with Agnes Banks Equine Clinic Pty Ltd and certify that all the information supplied in this application is true and correct. I/We have read the attached terms & Conditions associated with the operation of the credit facility. I/We authorise Agnes Banks Equine Clinic Pty Ltd to conduct a Credit History check with an external credit agency. This information will be treated as Confidential and will not be supplied to any other organisation.

Signature of Authorised Signatory _____

Authorised Signatory's Name _____ (Block Letters)

Title _____ Date ___/___/_____

Signature of Authorised Signatory _____

Authorised Signatory's Name _____ (Block Letters)

Title _____ Date ___/___/_____

Personal Guarantee:

I, _____ being Owner Director

Of _____, do hereby personally guarantee all the lawful debts incurred by that entity with AGNES BANKS EQUINE CLINIC Pty. Ltd.

DATE: _____ SIGNED: _____

(Please note that credit facilities will **not** be considered without the Personal Guarantee being signed).