

Account Application Form.

Registered Company Name: _____

Trade Name: _____

Sole Trader **Partnership** **Registered Company**

If other, please specify _____

Addresses

Postal _____

Telephone _____

Facsimile _____

Delivery _____

Bank _____

Branch _____

Registered Office _____

Incorporation Date _____

Accountant _____

Solicitor _____

Contacts

Person Ordering _____

Telephone _____

Email _____

Accounts _____

Telephone _____

Email _____

Proprietors / Partners / Shareholders

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit References (please no services providers ie: electricity, phone companies)

Company Name	Contact	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Terms of Credit:**
1. Payment will be made on or before 20th of the month following invoice, unless otherwise agreed.
 2. Default in payment may result in withdrawal of credit.
 3. The Customer agrees that The Company shall retain title of the supplied goods until payment is received in full.
 4. Failure to make payment will result in you being liable for any Debt Collection costs and default fees incurred.

The Privacy Act

By signing this application, you authorise Insinc Products Limited to approach the named referees for a credit and general reference. Production of photocopy / fax of this authority to the referee, together with confirmation that we hold the original and it is not revoked, shall be sufficient authority to the referee.

I have read the Terms of Credit (above) and agree to abide by them.

Name (Print):

Signature:

Position:

Date: