

CUSTOMER APPLICATION FORM - 30 DAY CREDIT ACCOUNT

If your business is an incorporated company please complete Sections A and C.

If you are operating as a sole trader, partnership or trust please complete Sections B and C.

SECTION A - COMPLETE FOR APPLICATION BY COMPANY

Name of Company : _____

A.B.N. : _____ A.C.N. : _____ Date of Incorporation : _____

Trading Name : _____

Registered Office Address : _____

State _____ Postcode _____

Full Names of Directors : 1) _____ 2) _____

D.O.B _____ D.O.B _____

SECTION B - COMPLETE FOR APPLICATION BY SOLE TRADER, PARTNERSHIP OR TRUST

Trading Name : _____

A.B.N. : _____ Date Business Commenced : _____

Details of Proprietors/Partners/Trustees :

1) Name : _____ D.O.B : _____ D/Lic. No. : _____

Address : _____

State _____ Postcode _____

2) Name : _____ D.O.B : _____ D/Lic. No. : _____

Address : _____

State _____ Postcode _____

SECTION C - ALL APPLICANTS - PLEASE COMPLETE THE FOLLOWING DETAILS

Business Address : _____

Address for Accounts : _____

Telephone No : _____ Fax No : _____

Email : _____ Nature of Business : _____

Name of Store Manager/Purchasing Contact : _____

Accounts Contact: Name: _____ Tel: _____ Email: _____

Credit Limit Required : \$ _____

Is your business a member of a Banner Group? If yes please provide details _____

Trade References :

Company Name

Telephone No

Fax No

1) _____

2) _____

TERMS OF CREDIT

(FOR PLANET HEALTH PTY LTD referred to as "Planet Health")

1. I/we, the Directors, Proprietors or Partners referred to on the previous page, declare personally and declare on behalf of the customer whose registered business name appears on the previous page ("the customer") that the information contained in this Application is correct.
2. The customer agrees :
 - a. to pay each invoice issued by Planet Health within 30 days of the date which appears on the invoice. Account payments are not subject to any settlement discount;
 - b. notwithstanding the delivery of the goods to the customer, title to those goods remains with Planet Health until such time as the full price shown on the invoice for the goods has been paid; and
 - c. until the customer has paid for the full price of the goods as shown on the invoice, it will separately store the goods in a way which makes it clear that they are the property of Planet Health and not the property of the customer.
3. The customer acknowledges and agrees that Planet Health has the right, until its invoices for the goods have been paid in full :
 - a. to enter the customer's premises (or the premises of any associated company where the goods are located) without liability for trespass or damages and retake possession of the goods; and
 - b. to keep or resell any goods which are repossessed.
4. If the customer fails to pay for the goods by the due date, the customer agrees that Planet Health may, in addition to any other right it may have, withhold delivery of future goods, cancel any contract, including any credit account or order of the customer, without any liability being owed by Planet Health to the customer.
5. The customer must pay Planet Health's bank charges and an administration fee of \$10.50 if any cheques issued by the customer to Planet Health are dishonoured within 10 days of Planet Health having notified the customer that a cheque has been dishonoured.
6. The customer agrees to reimburse Planet Health for all costs incurred by Planet Health in respect of collecting any of the customer's overdue accounts, including costs incurred as a result of entering the customer's premises to repossess the goods, costs of any collection agency engaged by Planet Health or Planet Health's legal fees.
7. The customer agrees to receive from Planet Health newsletters, advertising campaigns and other similar material unless the customer has advised Planet Health that it does not wish to receive this material.
8. We _____ and _____ hereby guarantee the performance of the obligations of the customer including the obligation to pay the invoices of Planet Health by the due date.

Signed : _____

Date : _____

Name : _____

Position : _____

Signed : _____

Date : _____

Name : _____

Position : _____

OFFICE USE ONLY

Date : _____ Signed by Planet Health : _____

Trade References Checked by _____ on _____

Credit Approved Yes / No

Credit Limit : \$ _____ Account Code : _____

Sort Code : _____ Territory : _____ Rep : _____ Category: _____

Approved by : _____ Date : _____