

## **APPLICATION FOR CREDIT (30 DAY ACCOUNT)**

Please complete all boxed areas of this form. If a section is not applicable, write "N/A" in the box. The applicant named on this form ("Applicant") applies for credit with the Copyfax Stationers store nominated below ("Copyfax"). Once completed, post this form to the nominated Copyfax Stationers store at the address provided on this form.

1.	The Applicant applies for credit with (please select a Copyfax Stationers store by ticking one of the boxes below):								
	□с	opyfax Stationers Croydon <sup>1</sup> (	Onr Regency & Days Roads Croydon	Park SA 5008					
	□с	☐ Copyfax Stationers Edwardstown² 891 South Road Clarence Gardens SA 5039							
	□с	<ul> <li>Copyfax Stationers Glenelg³ Shop 2/ 4 Partridge Street Glenelg SA 5045</li> <li>Copyfax Stationers Gouger Street⁴ 282 Gouger Street Adelaide SA 5000</li> <li>Copyfax Stationers Pooraka⁵ 3/ 1173 Main North Road Pooraka SA 5095</li> </ul>							
	□с								
	□с								
	□с	opyfax Stationers Port Adela	ide 2/ 19 Church Place Port Adelaid	le SA 5015					
2.	The	Applicant is a: ☐ company; ☐	partnership; or □ individual ABN:						
3.	App	Applicant's legal name: ("Applicant")							
4.	Trac	Trading/business name:							
5.	Busi	iness address:							
6.	Subu	<u> </u>		State	Postcode				
0.	Pos	tal address:							
	Subu	ırb		State	Postcode				
7.	Natu	ure of business (industry/profes	sion):						
8.	Con	tact person:							
0	C	Title	First Name(s)	Surname					
9.	⊏ma	ail address:							
10.	Con	tact numbers:  Business Telepho	one Home Telephone	Fax					
11.	If the		tnership, for each director or partner						
	Nar		Residential Address	-, ,					
				_					
12	Num	nber of years business operated	hy current owners:						
13.		Applicant's business premises							
		□ owned by the Applicant; or □ leased from:							
14.	List	three (3) current trade reference	es for the Applicant:						
	a)	Name:							
		Business Address:							
		Suburb Email address:		State	Postcode				
		Contact numbers: Telephone	Fax						
	b)	Name:							
		Business Address:							
		Suburb		Stata	Postcodo				
		SUBURB		Stata	Postcodo				

	Email address:				
	Contact numbers:				
		Telephone	Fax		
c)	Name:				
	Business Address:				
	Suburb			State	Postcode
	Email address:				
	-				
	Contact numbers:				
	_	Telephone	Fax		

## **Terms and Conditions**

The Applicant (in these Terms and Conditions referred to as "you") consents to the collection by Copyfax of any personal information about you provided on this form. You acknowledge that you are aware that:

- any personal information is collected for the purposes of assessing this application and establishing an account with Copyfax, and may in some circumstances be provided to third parties, for example debt collection agencies;
- you may request access to the personal information about you that Copyfax holds; and
- · if you do not provide all information requested, Copyfax will not be able to assess this application and it may be rejected.

If the personal information of other individuals has been provided on this form, you warrant that:

- you obtained the consent of those individuals to disclose their personal information to Copyfax; and
- · you made those individuals aware (or reasonably believe that they are aware) of the information set out above.

Copyfax may give information about you to a credit reporting agency to obtain a consumer credit report about you, and/or to allow the credit reporting agency to create or maintain a credit information file containing information about you.

This information (which may be given before, during or after the provision of credit to you) may include:

- your identity particulars;
- the fact that you have applied for credit:
- the fact that Copyfax is a current credit provider to you;
- payments which are overdue by more than 60 days, and for which debt collection action has started;
- advice that your payments are no longer overdue in respect of any default that has been listed;
- information that, in the opinion of Copyfax, you have committed a serious credit infringement (that is, acted fraudulently or shown an intention not to comply with your credit obligations); and
- dishonoured cheques cheques drawn by you for \$100 or more which have been dishonoured more than once.

You hereby apply for a credit account with Copyfax. If this application is accepted by Copyfax, you agree, in consideration of the provision of credit account facilities by Copyfax to you:

- to comply strictly with Copyfax's trading terms and conditions (notwithstanding any previous failure to enforce those terms and conditions or waiver of them by Copyfax), including making payment within thirty (30) days from the date of purchase;
- to pay any interest incurred in connection with your credit account at the rate of 2% per month on any overdue amounts entrusted to a debt collection agency;
- that property in the products will not pass to you until such time as the price (and the price of all other products supplied by Copyfax) has been paid in
  full. Until the price has been paid in full, you should store the products in such a manner as to show clearly that they are the property of Copyfax and
  you may not sell the products or grant any charge or other interest in connection with the products; and
- that this agreement is governed by the laws of South Australia and you irrevocably submit to the jurisdiction of the courts of that State.

<sup>1</sup> means BW & KL Stocker ABN 27 638 743 213 trading as Copyfax Stationers Croydon Park; <sup>2</sup> means Ian L Cole ABN 91 398 568 521 trading as Copyfax Stationers Edwardstown; <sup>3</sup> means Cute Angels Pty Ltd as Trustee for Amber & Smyrma Family Trust ABN 52 305 713 509 trading as Copyfax Stationers Glenelg; <sup>4</sup> means Tapema Pty Ltd ABN 91 546 987 963 trading as Copyfax Stationers Pooraka; <sup>6</sup> means M F McQueen as Trustee for the McQueen Family Trust ABN 48 814 599 226 trading as Copyfax Stationers Port Adelaide.

## Copyfax may accept or reject this application in its absolute discretion and without providing reasons for its decision.

If the Applicant is an individual - to be signed by the inc	ectors, a director and a secretary, or the sole director (if a sole director company) dividual and a witness ast one partner authorised to sign on behalf of the partners
Signature	Signature (write "N/A" if a sole director company)
Name and Position	Name and Position (Name only if a witnessing party)
Date	Approved/Rejected Contacted on by