

CREDIT FACILITY APPLICATION

This form will be used by Cable Restoration Australia Pty Ltd ("CRA") to open an account in your trading entity's name.

Client's Name: _____ ACN & ABN: _____
 Trading Name: _____ Email: _____
 Postal Address: _____ Postcode: _____ State: _____
 Billing Address: _____ Postcode: _____ State: _____
 Telephone: _____ Mobile: _____ Fax: _____
 Representative's Name: _____ Position: _____ Tel: _____

CREDIT/BUSINESS DETAILS

Business Type: _____ Business Start Date: _____ Accounts Payable Contact: _____
 Requested Credit Limit: \$ _____ Est Monthly Purchases: \$ _____ Start Date: _____

DETAILS OF OWNER/S* (if Sole Trader) PARTNERS* (if Partnership) or DIRECTORS* (if Company) or TRUSTEE* (if Trust) *please indicate which

Full Name: _____	Full Name: _____
Home Address: _____	Home Address: _____
Mobile: _____	Mobile: _____
Date of Birth: _____	Date of Birth: _____

TRADE REFERENCES

Supplier 1: _____ Email: _____ Tel: _____
 Address: _____ Postcode: _____ State: _____

Supplier 2: _____ Email: _____ Tel: _____
 Address: _____ Postcode: _____ State: _____

Supplier 3: _____ Email: _____ Tel: _____
 Address: _____ Postcode: _____ State: _____

I/We certify and warrant that the above information is true and correct and that I am/we are authorised to make this application for credit. I/We have read and understand "CRA" Terms and Conditions (which can be found on the cablerestoration.com.au webpage (document reference CRA - Supply of Goods and Services Agreement V1.0) and which form part of, and are intended to be read in conjunction with, this Credit Facility Application and agree to be bound by these conditions. I/We authorise the use of my/our personal information as detailed in the *Privacy and Personal Information* clause of the Terms and Conditions. **I/We agree that if I am/we are a director/owner/partner/trustee of the Client I/we shall each be personally liable for the performance of the Client's obligations under this contract.**

CLIENT

CABLE RESTORATION AUSTRALIA

Signature: _____
 Name: _____ [PLEASE PRINT]
 Position: _____ [PLEASE PRINT]
 Date: _____
 Witness signature: _____
 Witness Name: _____ [PLEASE PRINT]

Signature: _____
 Name: _____ [PLEASE PRINT]
 Position: _____ [PLEASE PRINT]
 Date: _____