MATRIX DENTAL SERVICES PTY LTD - CREDIT APPLICATION FORM

SECTION 1 – THE CUSTOMER

ENTITY TYPE Sole Trader	Partr	nership 🗖 C	ompany	Trust
ENTITY NAME (if trust, print name o	trustee)			
TRADING NAME				
ABN	Α	CN (if company)		
TRADING ADDRESS				
			STATE P	OSTCODE
POSTAL ADDRESS (Leave blank if s	ame as trading ac	ddress)		
			STATE P	OSTCODE
ACCOUNTS PAYABLE CONTACT PI	RSON			
BUSINESS TELEPHONE NUMBER	A	CCOUNTS TELEPHONE	NUMBER	
]
EMAIL	<u> </u>		· · · · ·	-

SECTION 2 – OWNERSHIP DETAILS

PARTNER / DIRECTOR / TRUSTEE #1

SURNAME

GIVE	EN N	IAM	ES															
ADD	RES	SS																
												ST	ATE		PC	STCC	DE	
]			

PARTNER / DIRECTOR / TRUSTEE #2

SURNAME

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ADD	RES	SS																					
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REG	IST	RAT	ION	NU	MBE	ER								S	TATE		PC	STC	DDE	
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SECTION 3 – BUSINESS DETAILS

Year business commenced:	
Annual turnover: \$	
Has the business had any judgments against it in the last 5 years?	
Has any partner, director or principal:	
Entered into bankruptcy or a Part X arrangement?	
Had a judgment against them in the last 5 years?	
Been the director of a company that has gone into liquidation or receivership?	

If yes, please provide details:

SECTION 4 – TRADE REFERENCES

BUSINESS NAME	CONTACT NAME	CONTACT NUMBER
1.		
2.		
3.		

ACCEPTANCE OF TERMS AND CONDITIONS (OWNER/DIRECTOR TO SIGN)

- 1. I/we have read and understand and agree to be bound by MATRIX DENTAL SERVICES PTY LTD's Terms and Conditions.
- 2. I/we covenant that the information supplied in this application is true and correct.
- 3. I/we acknowledge full payment of invoices is strictly due within thirty (30) days EOM.
- 4. I/we acknowledge that in the event of default, interest may be charged at the Penalty Interest Rate plus 2%, and in the event where an overdue account is referred to a collection agency and/or solicitors, I/we will be liable for all legal costs on the indemnity basis, whether incurred by us or by the collection agency and in the event where the collection agency charges commission, the commission which would be charged if it achieves 100% recovery shall be added to the debt and the total shall be treated as a liquidated debt.

Signed by:	Print Name:
(sign and print full name(s))	
Witnessed by:	.Print Name:

Date:

