



Application for 30 Day Commercial Credit Account with
***Anchor Packaging**
***Anchor Packaging** Pty Limited ABN 84 115 077 695
 *and/or subsidiaries, hereinafter called "the Company"



Trading Name _____

Company Name _____ ABN _____

Trading Address _____

Postcode _____

Phone (STD) _____ Fax (STD) _____

Registered Office Address (if different from above) _____

Postcode _____

PO Box No. _____ Postcode _____

Name of Chief Executive Officer _____

Accounts Contact _____ Phone (STD) _____

Bank _____ Branch _____ Phone (STD) _____

Trade References _____

1 _____ Phone (STD) _____

2 _____ Phone (STD) _____

3 _____ Phone (STD) _____

In accordance with Section 18N(1)(b) of the Privacy Act, I authorise the Company to give to and obtain from credit providers named in this credit application and credit providers that may be named in a credit report issued by a credit reporting agency information about my credit arrangements. I understand this information about my credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act 1988.

I/we apply for an account with the Company and have read and agree to comply with the Terms and Conditions of Trading as set out on the back hereof or accompanying this application, and to pay the full account within thirty days of the end of the month in which the liability is incurred.

I/we further acknowledge that ownership of goods covered by any invoice from the Company shall not pass to me/the company until payment for such goods has been made to the Company and that the Company shall have the right to repossess any such goods for which payment is overdue.

Name of Duly Authorised Officer

_____ Title Signature Date

Director's Personal Guarantee:

In consideration of the Company extending credit to this company, I, a director do personally guarantee the performance of the company and agree to pay personally any overdue amounts upon demand.

Please print name:

_____ Signature Date

Home Address _____

Postcode _____ Home Phone (STD) _____

Building 4 – 73 Beauchamp Road PO Box 389 Matraville NSW 2036 Australia
telephone 02 9666 5200 fax 02 9666 3326