

# theatre

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## Credit

## Application

Date of Application: .....

**COMPANY NAME:** ..... **A.B.N:** ..... **A.C.N:** .....

Sole Trader  Partnership  Registered Company

Number of years trading under this name: .....

Trading Address: .....

..... State..... Post Code: .....

Postal Address: (if different from trading address) .....

..... State..... Post Code: .....

Telephone: ( ) ..... Fax: ( ) ..... Mobile: .....

E-mail: .....

Web: .....

### **OWNERS OR DIRECTORS INFORMATION:**

Name: ..... Name: .....

Home Address: ..... Home Address: .....

.....

Telephone: ( ) ..... Telephone: ( ) .....

Drivers Licence No: ..... Drivers Licence No: .....

### **TRADE REFERENCES:**

Company Name: .....

Address: ..... Tel: ..... Fax: .....

Company Name: .....

Address: ..... Tel: ..... Fax: .....

Company Name: .....

Address: ..... Tel: ..... Fax: .....

*I consent to the supplier obtaining information from the abovementioned referees in support of this application.*

*All information, as supplied, is correct to the best of my/our knowledge.*

### **RETENTION OF TITLE:**

*I/We understand that property and ownership in the goods will not pass to the buyer but will remain in the seller until payment of the purchase price of the goods and all other amounts owing to the seller by the buyer.*

Signed: ..... Date: .....

Position: .....

### **PERSONAL GUARANTEE:**

*I/We understand the trading terms as explained to us by the vendor. I/We guarantee payment of any and all accounts for goods purchased by the above company together with any legal or out of pocket expenses associated with the collection of any outstanding monies. I/We understand this guarantee binds me personally.*

*Personal Guarantee must be signed for application to be considered.*

Date: ..... Date: .....

Signature: ..... Signature: .....

Company Director: ..... Company Director: .....

Print Name: ..... Print Name: .....

Witness: ..... Witness: .....