

DEALER / CREDIT APPLICATION

Failure to complete all sections of this application or to provide the necessary information requested will delay the processing of your application.

Completed forms are to be sent by fax to (02) 9370 9797 or email to admin.au@transition-asia.com

FOR TRANSITION SYSTEMS AUSTRALIA PTY LTD USE ONLY CHECKED [] APPROVED []

A) TO BE COMPLETED BY NEW CUSTOMER ONLY

Business Name: _____ ABN: _____

Business Address: _____

Country of Incorporation: _____

Date of Incorporation: _____

Number of Branches/ Outlets: _____

Nature of Business: _____

Office Telephone: _____ Fax No: _____

WEB / Email Address: _____

Billing Address: _____

Name Of Owner / Director: _____

Name and title of person to contact for payment: _____

What will your estimated yearly purchase from Transition Systems ? _____

Credit Line Requested: _____ (AUD)

Credit Terms: 7 days / 14 days / 30 days _____

DEALER / CREDIT APPLICATION

B) NAME OF RELATED/AFFILIATED COMPANIES CURRENTLY TRADING WITH TRANSITION SYSTEMS

AUSTRALIA PTY LTD:

1.

2.

C) BANK INFORMATION:

1. **Name of Bank:**

Branch:

Contact Person:

Tel number:

Fax number

Account number:

Account type:

Facilities Granted and Amount:

2. **Name of Bank:**

Branch:

Contact Person:

Tel number:

Fax number

Account number:

Account type:

Facilities Granted and Amount

Transition Systems Australia Pty Ltd

ABN 81 134 236 990

5/28 Barcoo Street, Roseville, NSW 2069 Australia

Phone: 1300 864 835 Fax: (02) 9370 9797

www.transitionssystem.com.au

DEALER / CREDIT APPLICATION

D) PRIMARY SUPPLIER/S (RELATED INDUSTRY, PURCHASED DURING THE LAST 12 MONTHS)

1. **Name:**

Credit terms and amount provided:

Contact Person:

Contact Number:

2. **Name:**

Credit terms and amount provided:

Contact Person:

Contact Number

E) DOCUMENTS/FINANCIAL STATEMENT ATTACHED

1. Two years latest audited financial statement (Balance Sheet and Income Statement) must accompany this application if request is for credit term. If unaudited, owner/responsible officer must sign and date each financial statement.
2. Copy of your business registration certificate or license.

F) DECLARATION

Any pending litigation against the company? Yes / No * If Yes, please specify:

Brief description:

Date of legal action taken

DEALER / CREDIT APPLICATION

G) TERMS & CONDITIONS:

- This application is submitted to **Transition Systems Australia Pty Ltd**, to obtain trade credit.
- Customer agrees to make payment in full to **Transition Systems** for all amounts due accordingly to **Transition Systems Australia Pty Ltd's** invoice(s).
- Customer agrees to pay to **Transition Systems Australia Pty Ltd** interest ,an amount equal to 1.5% per month or the maximum provided by law (whichever is lesser), for the invoices amounts that are past over due.
- In the event that **Transition Systems Australia Pty Ltd** should commence legal actions, or otherwise seek to enforce this agreement against customer, customer agrees to compensate **Transition Systems Australia Pty Ltd** for reasonable legal fees, court costs and other expenses incurred to recover the amounts owed.

Dated this _____ day of _____

Name of Owner / Director / Designation

Signature

THE DEALER / CREDIT APPLICATION MUST BE SIGNED BY AN AUTHORISED SIGNATORY OR OWNER OF THE BUSINESS.