

INTERNATIONAL DELIVERY SERVICE Pty Ltd.

1/221 O'Riordan Street, Mascot, NSW, 2020 PO Box 1001, Mascot, NSW, 1460 t: +61 2 9700 9499 f: +61 2 9313 5717 ABN: 15 067 491 927

CREDIT APPLICATION For a 30 Day Account

	Date:
Business Name / Company:	d/or ABN:
I/We hereby apply for credit accommodation and submit the following conly to:-	onfidential information for this purpose
(IDS) International Delivery Service Pty Ltd (ABN: 15 067 491 927) 1/221 O'Riordan Street Mascot NSW 1460 Mailing Address: PO Box 1001, Mascot NSW, 1460	

PRIVACY STATEMENT: The information sought on this Application is required to assess your credit worthiness from credit reporting agencies. Information collected can include details of your credit history, credit standing and credit capacity and may also be exchanged with other credit providers as allowed under the Privacy Act 1988 and Privacy Amendment (Private Sector) Act 2000. In the event of default we may disclose information to credit reporting agencies, collection agents, solicitors and/or other authorised parties as permitted by the Privacy Act 1988 and Privacy Amendment (Private Sector) Act 2000. You can request access to your personal information held by us by writing to our privacy officer at PO Box 1001, Mascot NSW, 1460. An administration fee may be charged.



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Name:				
Postal Address:				
Delivery Address:				
Registered Office:				
Purchasing Contact: Phone: Fax: Fax:				
Accounts Contact: Phone: Fax:				
Premises: Owned: Leased:				
Type of Business: Sole Trader / Partnership / Private Co. / Public Co. / Trust Industry:				
No. of Years at Current Address:				
Expected Annual Usage:\$				
Bank: Branch: Australian Business No. (ABN):				
TRADE REFERENCES: (Must complete all 3 references)				
1) Fax:				
2) Fax:				
3) Fax:				
NAME AND ADDRESS OF ALL OWNERS/PARTNERS AND/OR DIRECTORS OF APPLICANT:				
Do you require a monthly statement? Y/N:				



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DECLARATION, ACKNOWLEDGEMENT, ACCEPTANCE OF TERMS AND CONDITIONS OF CONTRACT

I/We have read and understand the Terms and Conditions of Contract attached to this Credit Application, and hereby acknowledge and accept those Terms and Conditions of Contract. I/We agree to conduct all trading in accordance with those Terms and Conditions of Contract.

Name:
Signature:
IF COMPANY THIS SECTION MUST BE COMPLETED
DIRECTORS GUARANTEE
I/We:
of
and:
of:
acknowledge thatPty Limited

(hereinafter referred to as "the Company") has requested a Credit Account from (IDS) International Delivery Service Pty Ltd ABN 15 067 491 927 (hereinafter referred to as "IDS") and IDS has agreed to supply goods/services from time to time to the Company and in consideration for IDS so doing I/We hereby guarantee jointly and severally to IDS the due and punctual performance by the Company of its obligations to IDS and the due payment of all money and debts accruing to IDS by the Company and indemnify IDS against any loss accruing in relation to the supply of goods / services under this account.

I/We agree that this Guarantee and Indemnity shall not in any way be affected by IDS granting time or other indulgence to the Company and that this Guarantee shall bind my/our personal representatives.

I/We agree that this Guarantee and Indemnity is a continuing Guarantee and Indemnity and, in particular without limitation thereto this Guarantee and Indemnity shall not be discharged by any payment made to IDS by the Company in whole or partial satisfaction of the Company's obligations under the supply of goods and/or services by IDS to the Company which payment is or becomes void as against any one or more persons as a result of any statutory provision, including but not limited to, section 565 of the Corporations Act. I/We further agree that in the event that such payment is so voided I/we and IDS shall have the same rights and liabilities which each respectively would have had if such payment had not been made.



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by the First Guarantor in the presence of:))		
Witness		Signature	
Name (please print full name)			
SIGNED SEALED AND DELIVERED by the Second Guarantor in the presence of:)))		
Witness		Signature	
Name (please print full name)			