

APPLICATION FOR CREDIT ACCOUNT

**This application must be completed in full.
An incomplete application will cause delays**



KIS

Your trusted choice.

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Date: _____

Sales Contact: _____

BUSINESS CONTACT INFORMATION

Trading Name: _____

Legal Name: _____

ABN: _____

Type of Entity: (Please tick) Partnership Corporation Sole Trader Other

Postal address: _____

City: _____ State: _____ Postcode: _____

Delivery address: _____

City: _____ State: _____ Postcode: _____

Main Phone: _____ Main Fax: _____

Main Email: _____

Accounts Payable Contact: _____

Accounts Payable Email: _____

Date business commenced: _____

NAME OF DIRECTORS/PROPRIETORS

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

FINANCIAL INFORMATION

Name of Your Bank: _____

Address of Bank/Branch: _____

BUSINESS/TRADE REFERENCES

1. Company name: _____

E-mail: _____

2. Company name: _____

E-mail: _____

3. Company name: _____

E-mail: _____

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AGREEMENT

In consideration of the Company supplying goods on credit to the Customer as herein defined, I/WE AGREE AS FOLLOWS:

1. Should this credit application be successful, The Customer will pay invoices rendered by Klenall Industrial & Safety within thirty (30) days following the end of the month during which the goods or services were supplied or provided.
2. The Company has the right to withdraw credit facilities and stop service immediately on overdue accounts over 45 days; if payment is made by dishonored cheque or the account has reached its Credit Limit.
3. The Customer agrees to pay all costs and expenses (including legal costs, commissions paid by the Supplier or its Related Bodies Corporate to any commercial or mercantile agent and dishonor fees) incurred by the Supplier in connection with the recovery of overdue amounts.
4. Any times quotes for the delivery are estimates only and Klenall Industrial & Safety shall not be liable for failure to deliver, or any delay in delivery. The Customer shall not be relieved of any obligation to accept or pay for any goods, by reason of any delay in delivery or dispatch. Klenall Industrial and Safety reserves the right to stop supply at any time if the Customer fails to comply with the Terms.
5. Returns for goods will not be accepted unless Klenall Industrial and Safety has been notified in writing within fourteen (14) days of the date of invoice and Klenall Industrial and Safety has given consent in writing provided that no goods will be accepted for return if they have been added to or modified, varied or changed in any way by anyone other than KIS.
6. Returned goods must clearly state the Customer's name, address, KIS's invoice number, the reason for the return and the return authorisation number.
7. The Supplier retains legal and equitable title in any goods supplied to the customer until payment in full for or in connection with the supply of the relevant goods has been received by the supplier.
8. By submitting this application, you authorize Klenall Industrial & Safety to make inquiries into the banking and business/ trade references that you have supplied.

Signature: _____

Date: _____

Name: _____

Position Held/Capacity: _____

Signature of Witness: _____

Name of Witness: _____

Signature: _____

Date: _____

Name: _____

Position Held/Capacity: _____

Signature of Witness: _____

Name of Witness: _____

IMPORTANT INFORMATION

- This is a legal document. If you do not understand this document you should seek independent legal advice. Any corrections should be crossed out and initialed.
- By signing this document the Applicant confirms that he/she represent the buyer (alternatively that the Applicant is the Buyer) and further confirms that he/she understands the terms contained in the Account Application Form Applicant's Acknowledgement and Conditions of Sale, and that the terms are legally binding between Klenall Industrial and Safety and the buyer.
- This document must be signed by:
 - In case of a company – by 2 directors or 1 director and a company secretary;
 - In the case of a sole trader – by the individual
 - In the case of a partnership – by all the partners; and
 - In the case of a trust – by the trustee in its capacity as a trustee of the trust

Please email completed/signed Account Application
to accountsreceivable@mykis.com.au and allow up to
10 working days for the Account Application to be completed.