

Company Name (if applicable) _____

Business Name _____ Trading Name _____

ABN _____ ACN _____ Registered Office _____

Accounts Postal Address _____ Postcode _____

Accounts Contact Person _____ Phone _____

Accounts Delivery Address _____ Postcode _____

Phone _____ Fax _____ Email _____

Trade References:

1 Name _____ Phone _____ Fax _____

2 Name _____ Phone _____ Fax _____

Bank Name _____ Branch _____

Automatic Credit Card Payment (Optional)

Card Number _____		Expiry _____
Card Type	<input type="checkbox"/> Amex 2.5% surcharge	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Payment Option	<input type="checkbox"/> Invoice	<input type="checkbox"/> Statement

* Automatic credit card payment will be processed on the 14th of the month for the previous months statement.

Terms of agreement

1. That the terms of payment are strictly net, with payment due in full by the 26th day of the month following the invoice date.
2. If extended credit is granted on overdue accounts a handling fee of 2.5% of the overdue balance, as at the end of each month, will be charged and accumulated to the account.
3. That all information given is true and correct.
4. That should any changes take place affecting the legal entity, structure or management control of the applicant, company or partnership then Opticare Pty Ltd will be notified accordingly.
5. That all expenses incurred in obtaining or attempting to obtain payment of overdue amounts will be a charge against debtor/s.
6. That Opticare Pty Ltd may withdraw credit facilities without prior notice.
7. Acceptance of this application by Opticare Pty Ltd will be indicated by the provision of credit.
8. The terms and conditions in the supplied Opticare price List are considered to be incorporated in this application.

Acceptance of the above terms:

Name (Print) _____ Position (Director/Owner) _____

Home Address _____ Home Ph _____

Signature _____ Date _____

Directors/Proprietors Guarantee

I guarantee to be personally answerable and responsible to Opticare Pty Ltd for the due payment by the said account as detailed on this application for all goods and services as the vendor may heretofore have supplied or which the vendor may hereafter supply.

Dated this _____ of _____ 20 _____

Guarantor (Name) _____ Signature _____

Home Address _____ Home Ph _____

Witness (Name) _____ Signature _____

OFFICE USE ONLY	Acct Created <input type="checkbox"/> Date: _____ Acct Code: _____
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