

Commercial Credit Account Application With Opticare Pty Ltd

| Accounts Postal Address | Company Name (if app | licable) | | |
|--|--|---|-----------------------------------|--------------------------|
| Accounts Contact Person | Business Name | Trading Name | | |
| Bank Name Branch Automatic Credit Card Payment (Optional) Card Number Expiry Card Type Amex 23% suchange Visa Mastercard Payment Option Invoice Statement *Automatic credit card payment will be processed on the 14th of the month for the previous months statement. Terms of agreement 1. Into the terms of payment are strictly net, with payment due in full by the 28th 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 mo 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-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 debto 6. That Opticare Pty Ltd will be notified accordingly. 6. That Discore Pty Ltd will be notified accordingly. 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 Date Jordantee 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 hereofore has supplied or which the vendor may hereafter supply. Dated this Phone Address Home Ph Signature Home Address Home Ph Signature Fax Branch Branch Branch Branch Branch Branch Branch Mastercard Mastercard Payment by the application of the provision of credit. Branch Branch Branch Mithaes (Name) Signature Without Statement Payment Address Home Ph Signature | ABN | ACN Registered Office | | |
| Accounts Delivery Address | Accounts Postal Address | S | | Postcode |
| Phone | Accounts Contact Perso | n | | Phone |
| Trade References: 1 Name | Accounts Delivery Addre | ∋ss | | Postcode |
| Name | Phone | Fax | Em | ail |
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| Automatic Credit Card Payment (Optional) Card Number | 1 Name | | Phone | Fax |
| Card Type | 2 Name | | Phone | Fax |
| Card Type | Bank Name | | | Branch |
| Card Type | Automatic Credit Card P | ayment (Optional) | | |
| Card Type | | | | Expiry |
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| Name (Print) Position (Director/Owner) | 7. Acceptance of this app8. The terms and condition | lication by Opticare Pty as in the supplied Optica | Ltd will be indicated by the prov | |
| Home Address | • | | Docition (Directo | */Ou // Orl |
| 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 has supplied or which the vendor may hereafter supply. Dated this of 20 | , , | · · · · · · · · · · · · · · · · · · · | | |
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| Guarantor (Name) Home Address Home Ph Witness (Name) Signature | I guarantee to be persor said account as detailed | nally answerable ar d on this applicatior | n for all goods and service | |
| Home Address Home Ph Witness (Name) Signature | Dated this | of_ | | 20 |
| Witness (Name) Signature | Guarantor (Name) | | Signature | |
| | Home Address | | I | Home Ph |
| <u> </u> | Witness (Name) | | Signature | |
| 7.001 000 0100 | OFFICE USE ONLY | Acct Created | | Acct Code: |