



Office Use Only
Approved By:
Date Approved:
Notification Sent:
Account No.:

APPLICATION TO OPEN/CONTINUE TO OPERATE AN ACCOUNT ALL SECTIONS MUST BE COMPLETED FOR THIS ACCOUNT TO BE PROCESSED. ACCOUNTS INACTIVE FOR 12 MONTHS OR MORE WILL NEED TO REAPPLY.

Name: _____

Business or Trading Name: _____ ABN: _____

Public Company: Pty Ltd Company Partnership Sole Trader

Registered Office: _____ Post Code: _____

Principle Place of Business: _____ Post Code: _____

Telephone No.: _____ Fax No.: _____ Authorised Officer: _____

Monthly Credit Required: \$ _____ Bank: _____ Branch: _____ A/C No.: _____

Name(s) and Address of Directors: _____

Shareholders: _____

Trade Reference - Name, Address and Telephone No.

1) _____

2) _____

3) _____

I/We hereby apply to open/continue to operate an account with Instant Scaffolds WA.
I/We acknowledged that I/We have read and understood the Terms and Conditions of Trading attached hereto. If Instant Scaffolds WA agrees to supply me/us with equipment and/or labour whether on hire or by sale, then all transactions will be subject to those terms and conditions unless Instant Scaffolds WA agrees otherwise in writing.

I/We warrant and represent that all of the information set out in this application is true and correct and that I/We have not omitted or withheld any information which would or might be material to Instant Scaffolds WA in making a decision to grant credit or supply equipment or labour to an intended customer.

I am/we are not aware of any facts or circumstances which, if made known to Instant Scaffolds WA would result in Instant Scaffolds WA not opening an account for me/us or granting credit to me/us or agreeing to supply me/us with equipment and/or labour.

I/We hereby authorise Instant Scaffolds WA to make such enquiries as it considers relevant or necessary to decide whether or not to accept this application.

PRIVACY ACT 1988: I/We agree to Instant Scaffolds WA obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relationship to commercial credit provided by Instant Scaffolds WA and I/We agree to Instant Scaffolds WA obtaining report form the purpose of assessing my/our application for commercial credit.

I/We, as the undersigned Directors/Trustees of the Company/Trust, hereby personally (both individually and jointly) guarantee all debts contracted by our Company/Trust. Either party may revoke this Guarantee by giving to the other one month's written Notice.

I agree and acknowledge **Settlement terms of 30 Days from Date of Invoice.**

DATE THIS _____ DAY OF _____ 2004

SIGNATURE OF DIRECTORS/PROPRIETORS/TRUSTEES/OFFICERS.

1) _____

2) _____

3) _____

Signature of Witness: _____ Full Name: _____ Address: _____

IF YOU DO NOT UNDERSTAND THIS DOCUMENT PLEASE SEEK LEGAL ADVICE.
PLEASE BE ADVISED ALL SECTIONS MUST BE COMPLETED TO PROCESS. PLEASE RETURN ORIGINAL TO OUR POSTAL ADDRESS.

12 Bellows Street, Welshpool WA 6106
P.O. Box 129, Burswood WA 6100
Telephone: (08) 9451 9400 Facsimile: (08) 9451 9444
Email: iswa@instantscaffolds.com.au Web Site: www.instantscaffolds.com.au