



Harvestview Pty Ltd T/A  
**Casino Engineering Industrial Supplies**  
 ABN: 94 622 746 445  
 PO Box 743, Casino NSW 2470  
 125 Dyraaba Street, Casino NSW 2470  
 Phone: (02) 6662 3855  
 Email: accounts@casinoengineering.com.au  
 Web: www.casinoengineering.com.au

# CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

|  |  |  |                      |  |
|--|--|--|----------------------|--|
| <b>Customer's Details:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other: |  |  |                      |  |
| Full or Legal Name:  |  |  |                      |  |
| Trading Name (if different from above):  |  |  |                      |  |
| Physical Address:  |  |  | State:               | Postcode:  |
| Billing Address:   |  |  | State:               | Postcode:  |
| Email Address:   |  |  |                      |  |
| Phone No:  |  | Fax No:  |                      | Mobile No:   |
| <b>Personal Details:</b> <i>(please complete if you are an Individual)</i>   |  |  |                      |  |
| D.O.B.:  |  |  | Driver's Licence No: |  |
| <b>Business Details:</b> <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)</i>  |  |  |                      |  |
| ABN:   |  | ACN:   |                      | Date Established <i>(current owners)</i> :                                       |
| Nature of Business:  |  |  |                      |  |
| Paid Up Capital: \$  |  | Estimated Monthly Purchases: \$                          |                      | Credit Limit Required: \$  |
| Principal Place of Business is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <i>(to whom)</i> :   |  |  |                      |  |
| Directors / Owners / Trustee <i>(if more than two, please attach a separate sheet)</i>   |  |  |                      |  |
| (1) Full Name:   |  |  | D.O.B.:              |  |
| Private Address:   |  |  | State:               | Postcode:  |
| Driver's Licence No:   |  | Phone No:  |                      | Mobile No:   |
| (2) Full Name:   |  |  | D.O.B.:              |  |
| Private Address:   |  |  | State:               | Postcode:  |
| Driver's Licence No:   |  | Phone No:  |                      | Mobile No:   |
| <b>Account Terms:</b> <input type="checkbox"/> 30 Days <input type="checkbox"/> COD <input type="checkbox"/> Other:  |  |  |                      |  |
| Purchase Order Required?   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |                      | Accounts to be emailed? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Accounts Email Address:  |  |  |                      |  |
| Accounts Contact:  |  |  | Phone No:            |  |
| Bank and Branch:   |  |  | Account No:          |  |
| <b>Trade References:</b> <i>(please provide companies that are willing to do trade references)</i>   |  |  |                      |  |
| Name:  |  | Address:   |                      | Phone / Fax / Email:   |
| 1.   |  |  |                      |  |
| 2.   |  |  |                      |  |
| 3.   |  |  |                      |  |

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Harvestview Pty Ltd T/A Casino Engineering Industrial Supplies which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.**

**SIGNED (CUSTOMER):** \_\_\_\_\_      **SIGNED (SUPPLIER):** \_\_\_\_\_  
 Name: \_\_\_\_\_      Name: \_\_\_\_\_  
 Position: \_\_\_\_\_      Position: \_\_\_\_\_

**WITNESS TO CUSTOMER'S SIGNATURE:**  
 Signed: \_\_\_\_\_      Name: \_\_\_\_\_      Date: \_\_\_\_\_

| OFFICE USE ONLY    |              |             |               |      |
|--------------------|--------------|-------------|---------------|------|
| Account / Ref. No. | CREDIT LIMIT | APPROVED BY | DATA INPUTTED | DATE |
|                    | \$           |             |               | / /  |