

ACME Audio Visual
08 9317 6688

ACME Communicare
08 9451 2474

ACME Phones
08 9317 6688



APPLICATION FORM: DEALER / CREDIT ACCOUNT

PRIVACY ACT 1988 DECLARATION

I / We understand that ACME may give a credit reporting agency certain personal information about me / us. This information includes

- (a) Permitted identity details about me;
- (b) The fact that I have applied for credit and the amount of credit;
- (c) Any payments which become overdue by more than 30 days and for which collection action has commenced; and
- (d) Advice that payments are no longer overdue.

If ACME considers it relevant to this application, I / we authorise ACME to obtain a credit report (which can include information about my / our credit worthiness, credit history, credit standing or credit capacity) from a credit reporting agency or to obtain such information from any credit providers named in my / our application or in a credit report. I / we understand that this information may be given and used to assess this credit application, to assess my credit worthiness, to assist me / us to avoid default and to notify other credit providers of any default by me / us.

Applicant:

Date of Application: _____ ABN: _____ Year Commenced Trading: _____

Registered Trading Name: _____

Trading Address: _____ Post Code: _____

Tel: () _____ Fax: () _____ Email: _____

Name of Bank: _____ Branch: _____ Tel: _____

Company Details

Registered Company Name: If applicable:

A.C.N: _____ ABN: _____

Business Structure: Company _____ Partnership _____ Sole Trader _____ Trust _____ Public Company _____

Name of Directors/Partners/Traders	Address	Phone No
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing to sign a personal Guarantee? Yes _____ No _____

Applicant's personal details:

Surname _____ Name _____ Other _____

Address _____ Post Code: _____

Previous Address: _____ Post Code: _____

Date of Birth: _____ Driver's License: _____ Telephone: _____

Relative Name: _____ Telephone: _____

Trade References:

	Company Name	Address	Telephone No	Fax No	Contact Person
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

Estimated monthly purchases: _____

Requested credit limit (if applicable) _____

Requested credit terms (if applicable) _____

I / we certify that the above information is true and correct and agree to your terms and conditions of trading.

Customer

Date:

Director / Secretary

Date

Customer

Date:

Director / Secretary

Date

Customer

Date:

Director / Secretary

Date

Please return completed form to ACME (Attention: Accounts), Shop 9, 575 Canning Highway, ALFRED COVE WA 6154