# **F**S

## Confidential Credit Application Form

Customer Reference		
An Employee Verification Letter may be request	ted. To speed up application process, please attach one now.	
* Your Name:	* Title:	
* Email:	* Phone:	
Application Type		
* Net term: NET 30 Other	* Amount:	
* Currency: 🔄 AUD 🔄 NZD 🔄 USD	EUR GBP Other	
Business Information		
🖌 Company Name:	* ABN:	
* Address:		
State:	* City/Suburb:	
* Country:	* Zip Code:	
* Length of Time at Current Address: Years	Months ACN:	
Delivery Information		
Same as Business		
Company Name:		
Address:	Phone:	
State:	City/Suburb:	
Country:	Zip Code:	
Billing Information		
Same as Business Same as D	elivery	
Company Name:		
Address:	Phone:	
State:	City/Suburb:	
Country:		
Bank Reference		
A Bank Reference Letter will be requested. To s	speed up application process, please attach one now.	
Bank Name:	Contact Name:	
Address:	Phone:	
State:	City/Suburb:	
Country:	Zip Code:	
Account Number:		



#### **Business References**

Please provide us at least three (3) other companies with whom your business has established credit and from whom you have purchased in the last three (3) months.

1 Company:	Contact Name:
Phone:	Email:
Address:	Title:
State:	City/Suburb:
Zip Code:	Country:
Comments:	
2 Company:	Contact Name:
Phone:	
Address:	
State:	
Zip Code:	Country
Comments:	
3 Company:	Contact Name:
Phone:	Email:
Address:	
State:	
Zip Code:	
Comments:	
4 Company:	Contact Name:
Phone:	Email:
Address:	Title:
State:	City/Suburb.
Zip Code:	Country:
Comments:	
Sharing Delivery News	
Colleague's Name:	Email:
Colleague's Name:	
Colleague's Name:	Email:
(Note:Delivery notice will be sent to th	ne email placing the order by default and the email entered.)



### **Terms and Conditions**

1. All Net30 invoices must be paid in full within 30 days of the date of shipping.

2. If the purchaser (hereby refers to the company listed in the "business information", the same below) has a reason of force majeure and has informed FS in written notice before the due date, the payment can be deferred to 15 calendar days after the due date.

3. If the purchaser fails to make any payment within 15 calendar days after due date without prejudice to any other right or remedy available to the FS, FS shall limit the purchaser's credit and be entitled to charge purchaser interest at the rate of one percent (1%) of the overdue payment per month until payment in full is made (any partial month will be treated as a full month for the purpose of calculating interest).

4. After the purchaser receives the goods, if an after-sales issue is caused by FS, the purchaser is allowed to suspend the payment until the purchaser receives the repaired or replaced product. However if the after-sales issue is caused by the purchaser, the purchaser cannot refuse to pay for the order.

5. If a credit order is to be canceled, please inform your account manager in advance in written notice. FS will review, give you feedback, and instruct you on the cancellation process. If the order cancellation is caused by FS (for example defect or wrong products received), the purchaser is allowed to cancel the order. If the order cancellation is caused by the purchaser, and the purchaser has not formally stated and negotiated with FS in advance, the order cannot be canceled.

6. By submitting this application, you authorize FS to make inquiries into the banking and business trade references that you have provided.

7. All information provided by purchaser under this agreement is confidential and proprietary to the purchaser, FS shall not disclose or make public any information to a third party unless the disclosure, publicity and application of the confidential information is approved by the purchaser in writing by certified email.

8. To the extent that you have any controversies or disputes, please call +61 3 9693 3488 or send emails to your account manager in FS.

I have read and agree to your terms and conditions.

I hereby certify that above all information contained is complete and accurate. All information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

I am authorized to sign this application on behalf of company/organization/institution listed above.

#### **Company Representative**

Printed Name:	* Signature:
Title:	* Email:
* Date:	Stamp:

#### PLEASE COMPLETE THIS FORM AND RETURN TO FS WITH AN AUTHORIZED SIGNATURE