



ACCOUNT APPLICATION

PO Box 10384 Adelaide Business Centre Adelaide SA 5000

Administration: (08) 8451 0555 Facsimile: (08) 8410 4040

ABN 52 799 428 981



APPLICANT'S NAME: _____
(If applicable insert Company name or if a Partnership list full names of partners)

TRADING AS: _____
(Insert the Business name under which you trade, if different from above)

ABN NUMBER: _____ YEARS TRADING: _____

BUSINESS ADDRESS: _____ Estimated usage: _____ per _____

POST CODE: _____

POSTAL ADDRESS: _____ POST CODE: _____
(If different to business address)

TELEPHONE No.: _____ FACSIMILE No: _____

Account Payments: _____ Direct Phone No: _____
(Person responsible for payment of accounts) *(If different from above)*

E-MAIL address for Accounts _____ Second E-MAIL _____
(Please complete if two copies are required)

DESPATCH/RECEPTION CONTACTS:

_____ Direct Ph/MOBILE No: _____
(Person responsible for booking couriers)

E-MAIL address for despatch / reception _____

TRADE REFERENCES: *(please complete two references, utilities not accepted)*

1) COMPANY NAME: _____ CONTACT _____

ADDRESS: _____ TELEPHONE: _____

2) COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____ TELEPHONE: _____

APPLICATION FOR ACCOUNT/CREDIT FACILITIES

The Customer (the Applicant described above) applies for and requests aceit Transport Solutions Pty Ltd (the Carrier) to open a Credit Account in the name of the Customer for the supply of services to the Customer and hereby acknowledges and agrees that the Carrier is entitled to undertake all necessary enquires and assessments to ensure the accuracy of the information provided above; and further, that such information, as verified, may be used by the Carrier, and any authorised agent, employee, or subcontractor engaged by the Carrier, for the purpose of reviewing, vetting, monitoring, and if necessary actioning the Carrier's use and performance in the operation of the Account/Credit facility, including recovery of any outstanding balance

The Customer also acknowledges and that they have read the Standard Terms and Conditions and agree to be bound by these Conditions and understand that a copy is available www.aceitcouriers.com.au

* Account Service fees apply to ALL accounts

* Payment must be received by the Due Date shown on the Invoice/Statement, as overdue fees and interest can be charged

* Fuel levy conditions apply to all accounts *This agreement does not operate until accepted by the Carrier

Also note a Minimum charge may apply: Credit Applications are granted on the basis that customers use Aceit on a regularly basis and should the service be used and the total is less than \$20 in a 4 week period a minimum charge of \$20 will apply to that Invoiced period.

I hereby declare the above information provided to be true and correct and that I am duly authorised to sign this application for and on behalf of the above-mentioned applicant for a _____ Term Credit Account

(Please list agreed terms of account)

SIGNATURE of AUTHORISED PERSON: _____ Position Held _____
e.g. Owner/Director/Partner/Manager

PRINT FULL NAME: _____ DATE: _____ (M/H Rev 03/10)

For Office use only:

Date Received _____

Approved BY _____

Account Number _____