

APPLICATION FOR COMMERCIAL CREDIT

(ALL DETAILS MUST BE COMPLETED - PLEASE PRINT CLEARLY)

Tel: (03) 9811 2447
Fax: (03) 9811 2395

TRADING NAME

A.C.N./ A.B.N.

BRIEF DESCRIPTION OF BUSINESS

COMPANY NAME / PROPRIETOR(S) NAME(S)

TRADING ADDRESS

<input type="text"/>	
<input type="text"/>	POSTCODE

POSTAL ADDRESS

<input type="text"/>	
<input type="text"/>	POSTCODE

SALES CONTACT:

TEL:

FAX:

ACCOUNTS CONTACT:

TEL:

FAX:

E-MAIL ADDRESS:

FULL NAME AND PRIVATE ADDRESS OF ALL DIRECTORS, PROPRIETORS OR PARTNERS. (PLEASE ATTACH SEPARATE SHEET IF INSUFFICIENT SPACE).

A/H TELEPHONE

DRIVERS LICENCE AND DATE OF BIRTH

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVIOUS BUSINESS / OCCUPATION

YEARS TRADING

ESTIMATED MONTHLY PURCHASES

CREDIT LIMIT SOUGHT

BANK ACCOUNT NAME

BANK NAME AND BRANCH

...2/

TELEPHONE

TRADE REFERENCES

1.	
2.	
3.	

GENERAL INFORMATION

IF A PRODUCT OTHER THAN ONE NOT YET PUBLISHED IS OUT OF STOCK DO YOU REQUIRE US TO RECORD THE ORDER FOR LATER SUPPLY?

YES

NO

TERMS AND CONDITIONS OF SALE

I have received and reviewed copy of Pearson Australia Group Pty Ltd's ("Pearson") Trading Terms. I agree that transactions with Pearson will be conducted in accordance with those Conditions and applicable Terms (as varied from time to time).

REPORTING TO CREDIT REFERENCE AGENCIES

I understand and agree that Pearson may, in the event of difficulty in collecting debts due from me in relation to credit provided following this application, notify Credit Reference Agencies of any defaults and my conduct in relation to the credit provided.

In making this application, I agree, in accordance with the provisions of the Privacy Amendment Act 1990, that under Section 18 of the Act that certain items of personal information about me contained in this application is permitted to be kept on a credit information file and may be disclosed to a credit reporting agency and the information referred to in the Act may occur for the purpose of assessing this application. I acknowledge that this shall continue to have effect for the duration of any indebtedness to Pearson Australia Group Pty Ltd should this application be approved.

To enable this application to be processed all directors and/or individuals involved in the running/owning of this business must complete all sections of this application, including Full Name, Current Address, Date of Birth and Drivers Licence number.

AUTHORISED SIGNATURE OF APPLICANT/S

.....

DATE

The personal information provided on this form is collected for the sole purpose of extending credit. The personal information provided is not disclosed to any other organisation except as noted under Reporting to Credit Reference Agencies above. Access to personal information on you held by Pearson can be arranged by contacting Pearson's Privacy Co-Ordinator.

OFFICE USE ONLY

DISCOUNTS

REPRESENTATIVES

REGISTRATION

CLASSIFICATIONS TOB

BG

ACCOUNT LIMIT

CLASS

AUTHORISATION

DATE

OTHER