

Trading Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

ABN Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Accts Contact Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Email Address for Invoices/Statement: \_\_\_\_\_

Type of Business : \_\_\_\_\_

Years Est: \_\_\_\_\_ Credit Limit Required : \_\_\_\_\_

Trade Referees

1 Company Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_ Address: \_\_\_\_\_

2 Company Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_ Address: \_\_\_\_\_

3 Company Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_ Address: \_\_\_\_\_

## PRIVACY ACT AGREEMENT

I/We authorise any person or entity to provide Clockwork with any information that Clockwork may require in relation to their credit inquiries in regards to this application. I/We further authorise Clockwork to furnish any third party details on this application and of any subsequent dealings that I/We may have with Clockwork resulting from this application.

## CLOCKWORK TRADING TERMS AND CONDITIONS

Payments are due 30 days from the date of invoicing (**30 day net account**). All invoices are payable in full by this time and Clockwork reserves the right to suspend service and or the credit facility upon a customer's failure to observe Clockwork's trading terms. I/We hereby apply for a 30 day credit account and warrant all information given on this application is true and correct to the best of my knowledge and belief. In the event of the customer being in default of their obligation to pay and the overdue account is then referred to a debt collection agency and/or law firm for collection, the commission payable and legal costs on an indemnity basis shall be added to the amount outstanding and form part of the debt and in the event where the collection agency charges commission on a contingency basis the commission which would be charged if it achieved 100% recovery shall be added to the debt and this total shall be treated as a liquidated sum.

Applicants Name \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Once completed please send this application to  
[westperth@clockworkprint.com.au](mailto:westperth@clockworkprint.com.au)

Postal Address  
Po Box 1144  
West Perth WA 6872

ABN 46 162 174 996

[clockworkprint.com.au](http://clockworkprint.com.au)