



MEGARA (AUSTRALIA) PTY LTD
 261 Frankston-Dandenong Road, Dandenong VIC 3175
 Tel: (03) 9238 1300 accounts@megara.com.au
 A.B.N. 99 657 527 010

For Office Use Only:	
Approved:
Flag Limit:
Salesperson:
Account Type:
Class:
Account No:

APPLICATION FOR ACCOUNT

****Please complete all details in full.**** **Please tick square as applicable**

Is applicant:	<input type="checkbox"/> SOLE TRADER	<input type="checkbox"/> COMPANY If so, is this a TRUSTEE COMPANY?
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> Yes: Name of Trustee Co:.....
		<input type="checkbox"/> No

Name of Company:*	_____
Trading Name:*	_____
Address of Business:*	_____
	State: _____ Post Code: _____
Postal Address:*	_____
	State: _____ Post Code: _____
Date commenced Business:*	_____
A.B.N. Number *: _____	ACN Number : _____
Telephone Number (Please insert area code)* (____) _____	
Faxisimlie Number(Please insert area code) * (____) _____	
Type of Busines:*	_____
Contact name for Orders:*	_____
Email address for Orders:*	_____
Contact name for Accounts Payable:*	_____
Email address for accounts payable: *	_____
Postal address for Accounts Payable if different from above:*	

	Post Code: _____

DETAILS OF SOLE TRADER OR PARTNERSHIP OR COMPANY*

Name of Directors or Individuals	Private Address
1.	
2.	
3.	

TRADE REFERENCES (Please ensure ALL details are completed)*

Name:	Telephone No:	Email address
1.		
2.		
3.		
4.		

(Please ensure that the below statement is signed on behalf of the Company, dated and has the persons printed name where indicated)

I/We hereby make this application for credit with **MEGARA (AUSTALIA) PTY LTD** and state and acknowledge the following:

1. The information contained herein is true and correct
2. I/We acknowledge and accept accounts are payable IN FULL **strictly 30 days** from date of statement.

Signed For and on behalf of:

Authorised Officer/Director

_____ **Date:** ____/____/____ **Print Name:** _____

GUARANTEE AND INDEMNITY OF DIRECTOR/S

I/We(herein after called "Guarantor/s") in consideration of Megara (Australia) Pty. Ltd. (hereinafter called "Megara") making available to (company name).....(hereinafter called the "applicant")at my request credit facilities upon the terms and conditions herein set forth do hereby for myself/my executors and administrators covenant with the said Megara that if at any time default shall be made in the payment of the balance account of the said applicant with Megara or any part thereof under within credit arrangement or in the performance or observance of any term or condition of the within credit arrangement to be performed or observed credit to the applicant I will forthwith on demand by the said Megara pay to Megara the whole of such monies which shall then be due and payable to the said Megara and will keep the said Megara indemnified against all loss of monies payable under the within credit arrangement and all losses, costs, charges and expenses whatsoever which the said Megara may incur by reason of any default as aforesaid on the applicant. This guarantee and indemnity shall be continuing and shall not be released by any neglect of forbearance on the part of the said Megara in enforcing payment of any of the money payable under and/or the within credit arrangements or by time given to the applicant for any such payment performance or observance or by any other thing which under the law relating to sureties would but for this provision have the effect of releasing me/my executors or administrators. Nor shall any stay of proceeding against the applicant or petition for its winding up pursuant to the Companies Act operate to relieve the guarantor of his obligations under this guarantee and indemnity.

IN WITNESS I have hereunto set my hand thisday of.....200.....

By the saidDIRECTOR

In the presence of

.....DIRECTOR

SignedWITNESS

.....DIRECTOR

Name.....PLEASE PRINT

*** Please return this account application by fax or email AND mail the original to this office. ***