



30 day Credit Terms Account Application Form

Three Lions Imports Pty Ltd
T/A World of Glass, Venetions Masks & Blue Wallaroo
28 Medina St, Moorooka Qld 4105
Phone 07 3700 6210 Fax 07 3700 6210
Email: info@worldofglass.com.au

Phone: 07 3700 6210

Fax: 07 3102 9958

ABN: 1584259 7667

Please complete and return via fax to (07) 3102 9958 or e-mail to info@worldofglass.com.au

This form will enable you to establish a 30 day credit account with Three Lions Imports Pty Ltd, Trading as World of Glass, Venetions Masks & Blue Wallaroo

Please read our term and condition. Our terms are strictly 30 days from invoice and a 1.95% pm account keeping fee will apply to all over due accounts

1 Trading Information

Legal entity name Trading name ABN / ACN: Type of legal entity - please select Public Company / Private Company / Partnership / Sole Trader / Other _____

Type of Business Date commenced _____

Business address _____

ABN _____

Address for accounts (If different from above)

Accounts Payable contact: _____ e-mail _____

Telephone _____ Mobile _____

Facsimilie _____

If not a public company, please provide the directors full names and addresses

Full name _____ Position / title _____

Residential address _____

Full name _____ Position / title _____

Residential address _____

3 Trade References (please provide a minimum of three trade references)

Business Name _____ Address _____

Phone _____ Contact Name _____

Business Name _____ Address _____

Phone _____ Contact Name _____

Business Name _____ Address _____

Phone _____ Contact Name _____

4 Terms and conditions

I / We wish to make application for a credit account with Three Lions Import Pty Ltd., in accordance with its Terms and Conditions of Trade which I / we acknowledge that I / we have read and agree to comply with. I / We also agree that payment shall be made within thirty (30) days of the invoice date, unless otherwise agreed to in writing.

I / We acknowledge that credit facilities may be withdrawn without notice on overdue accounts.

I / We acknowledge that I / we will be held liable and invoiced for all debt collection fees incurred on my / our behalf, and further acknowledge that such fees will be paid upon receipt of the relevant invoice.

I / We acknowledge that I Three Lions Imports Pty Ltd. may apply and account keeping per month for overdue accounts, currently at 1.95% of the total invoice.

I / We acknowledge that I Three Lions Imports Pty Ltd. may debit our credit card on accounts falling 30 days or more in arrears. The card will card debited the outstanding amount in full unless otherwise agreed by our Accounts Department or at the discretion of the directors

I / We hereby authorise for, and acknowledge that, if Three Lions Imports Pty Ltd it relevant to assessing my / our application for commercial credit, I / we agree to Three Lions Imports Pty Ltd from a credit reporting agency a credit report containing personal credit information about me / us in relation to commercial credit provided Three Lions Imports Pty Ltd .(Section 18K(1)(b) Privacy Act 1988).

I / We also agree to Three Lions Imports Pty Ltd obtaining personal information about me/us from other credit providers, whose names I / we have provided for Credit Reference or that may be named in a credit report, for the purpose of assessing my / our application for commercial credit, made to the Company.(Section 18N (1) (b) Privacy Act 1988).

I / We also acknowledge that Three Lions Imports Pty Ltd reserves the right to amend the Terms & Conditions of Trade at its discretion without notice.

I / We hereby acknowledge that the person(s) signing this commercial application is an authorized representative of my / our Company and has the authority to bind me / us into a contractual agreement.

Signed Name (print) Position / title Date

Signed Name (print) Position / title Date

Signed Name (print)	Position / title	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please supply your credit card details below. Accounts falling 30 days- or more in arrears will automatically have this card debited for the full amount iunless otherwise agreed by our Accounts Department.

Visa / Mastercard / Amex (2,8% fee for Amex)

Please fax a signed authorisation form

*Credit Card Payment Authority: **Please fax to 07 3102 9958***

PLEASE CHARGE MY: VISA MASTERCARD AMEX

Name of cardholder _____

CARD NUMBER _____

EXPIRY DATE _____

CVV Code (last 3 digits on reverse of card) _____

CARDHOLDER'S SIGNATURE _____