



# Office National

## 30 DAY CREDIT APPLICATION

To be completed by Applicant: - Please complete all Sections and read Terms and Conditions of Trade overleaf

### MICON NATIONAL

Working *LOCALLY*, Delivering *NATIONALLY*

P.O. Box 1630  
 H/O 339 Keira Street, WOLLONGONG NSW  
 2500  
 Phone: 13001MICON (1300 164 266)  
 02 4228 4666

**Fax: 02 4228 4667**  
 ABN 90 109 496 844  
 CUDA ENTERPRISES P/L  
 (T/As MICON NATIONAL)

|                         |             |                  |               |
|-------------------------|-------------|------------------|---------------|
| NAME OF APPLICANT       |             |                  |               |
| LEGAL ENTITY NAME       |             |                  |               |
| ADDRESS                 |             |                  |               |
|                         |             | POSTCODE:        |               |
| PHONE:                  |             | FAX:             |               |
| MOBILE:                 |             |                  |               |
| ABN:                    |             | ACCOUNTS OFFICER |               |
| ACCOUNTS OFFICERS EMAIL |             |                  |               |
| OFFICE EMAIL            |             |                  |               |
| SOLE TRADER             | PARTNERSHIP | COMPANY          | TRUST COMPANY |

Names of Owners (in the case of a Sole Trader and Partnership) | Name of Directors (in the case of a Company)

|                        |  |           |  |
|------------------------|--|-----------|--|
| <b>1. NAME IN FULL</b> |  |           |  |
| Residential Address    |  |           |  |
|                        |  | POSTCODE: |  |
| Phone/Mobile           |  |           |  |
| <b>2. NAME IN FULL</b> |  |           |  |
| Residential Address    |  |           |  |
|                        |  | POSTCODE: |  |
| Phone/Mobile           |  |           |  |

|                        |  |           |  |
|------------------------|--|-----------|--|
| <b>1. NAME IN FULL</b> |  |           |  |
| Residential Address    |  |           |  |
|                        |  | POSTCODE: |  |
| Phone/Mobile           |  |           |  |
| <b>2. NAME IN FULL</b> |  |           |  |
| Residential Address    |  |           |  |
|                        |  | POSTCODE: |  |
| Phone/Mobile           |  |           |  |

**CONDITIONS/TERMS**

1. The applicant applies to Cuda Enterprises P/L T/As Micon National ("Micon National") for a credit account.
2. Should this application be accepted by Micon National the applicant agrees that the credit account and any contract between Micon National and the applicant shall incorporate the usual Terms and Conditions of trade, a copy of which is annexed or can be obtained on application.
3. The applicant shall notify Micon National of any change in the constitution or structure of the applicant or the sale of the business operated by the applicant and agrees that it shall continue to be liable to Micon National for any sums outstanding on the account opened on behalf of the applicant until:
  - (a) Written notice is received from the applicant that it has changed the constitution or structure or the sale of the business.
  - (b) The account has been closed and full payment has been received by Micon National.
4. The applicant agrees that the terms and conditions applying to any credit account opened in the name of the applicant and the construction and interpretation of it shall be governed by the laws of the State of New South Wales in force for the time being and from time to time, and the parties irrevocably submit generally and unconditionally to the jurisdiction of the Courts of New South Wales in respect of claims, proceedings and matters arising out of or in respect of the said credit account.
5. All goods remain property of Micon National Wollongong until payment is received and cleared.
6. Accounts must have a minimum spend of \$200.00 per month to remain active. Any Account falling below this will be transferred to a Cash Account which will require pay as you go payments.
7. Micon National has the right to charge INTEREST on Invoices due 60 days and over.

Please provide account expectancies below

|                                |    |
|--------------------------------|----|
| EXPECTED MONTHLY SPEND         | \$ |
| REQUESTED MONTHLY CREDIT LIMIT | \$ |

|   |  |
|---|--|
| SIGNITURE OFFICER/S AUTHORISED BY APPLICANT       |  |
| PRINTED NAME OF OFFICER/S AUTHORISED BY APPLICANT |  |
| DATE  |  |

**Please fax back Credit Application: Attention Credit Department to 02 4228 4667**

INTERNAL OFFICE USE ONLY

|             |  |         |  |      |  |
|-------------|--|---------|--|------|--|
| APPROVED BY |  | ACC NO: |  | DATE |  |
|-------------|--|---------|--|------|--|