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4 0408 55 77 55

Commercial Credit Application Form

MYSCAFFOLD PTY LIMITED (ABN 74162087130) & any Subsidiaries									
Pleas	se indicate:	Co	ompany 🛚	Partnershi	ip 2 Sole Trader 2			Trustee Company 2	
Registered Company Name:									
Trading Name:									
ABN:									
Business Address:									
State:				Post Co	Post Code:				
Postal Address:									
State:				Post Code:					
Office Phone No:				Fax No:					
Email address:									
Accounts Contact Persons Name:									
Purchase order numb		ıber r	-		No 2 Years in B		usiness:		
*Full Name & residential address of all the directors/Partners/Proprietors (attach separate page if insufficient space):									
Name 1: Residential Address:									
	ntiai Address	:	1		D+ C-	.d			
State:					Post Code: Drivers Licence No:				
D.O.B:			vers licence		Drivers	Licenc	е ио:		
*Please attach a copy of a current drivers licence Name 2:									
Residential Address:									
State:			1	Post Code:					
D.O.B:				Drivers Licence No:					
*Please attach a copy of a current drivers licence									
Credit Application									
 I/We declare that the information provided in this application is true and correct. MYSCAFFOLD PTY LIMITED may stop providing credit at any time, and may pick up goods at any time if this account is outstanding or in arrears. 									
• I/We understand that failure to comply with our standard terms and conditions will cause the withdrawal of this credit facility and may lead to subsequent									
 legal action, I/We have read and understand this document and have been advised, and given the opportunity, to seek independent legal advice and I/We agree to be 									
bound by the Terms & Conditions contained herein.									
I/We agrees and acknowledges the settlement terms are strictly 30 days from date of invoice.									
Signature of applicant/s:									
1:	Signature:Date:								
	Drint Name:								
Print Name:Position:									
2:	2: Signature:Date:								
	Print Name:Position:								
GUARANTEE AND INDEMNITY									
incurred Guarant the appl	by the applicant to ee unconditionally a icant, for any reasor	MYSCAF and irrev	FOLD Pty Limited. To cably indemnifies bever, to pay MYSC	The Guarantor shall MYSCAFFOLD Pty L AFFOLD Pty Limited such loss. Where mo	pay to MYSC imited agains any monies	AFFOLD P st any loss due to it.	ty Limited any m MYSCAFFOLD P The Guarantee a	onies due under t ty Limited may su grees as principal	ne hereinafter due, owing or this guarantee on demand. The ffer as a result of the failure of debtor/s to pay MYSCAFFOLD nity their liability shall be joint
1:	1: Guarantor Name:			Guarantor Signature:				Date:	

Guarantor Name:_____ Date:_____ Date:_____