



**N R WELDING SUPPLIES PTY LTD
TRADING AS
MIGWELL AUSTRALIA
WELDING, SAFETY & ABRASIVE SUPPLIES**

A.B.N. 97 007 276 468 E-mail: accounts@migwell.com.au
Address: 88 Greens Road, Dandenong VIC 3175
P O Box 5097 HALLAM Victoria 3803
Ph: 03 9792 0055 Fax: 03 9794 0533

CUSTOMER CREDIT APPLICATION (SALE GOODS, HIRE GOODS & SERVICES)

BUSINESS DETAILS

FULL TRADING NAME ("Applicant")

(Is this Trading Name a Registered Business Name? YES NO)

REGISTERED COMPANY NAME

ACN / ARBN ABN

BUSINESS ADDRESS
STATE POST CODE

REGISTERED ADDRESS
STATE POST CODE

NATURE OF BUSINESS Manufacturer Reseller Retail Government DATE BUSINESS ESTABLISHED

BUSINESS STRUCTURE Sole Trader Private Company Public Company Trust
 Partnership Co-operative Incorporated Association Government Authority

BANK BRANCH BSB NO. ACCOUNT NO.

CONTACT DETAILS

POSTAL ADDRESS (if different to above)
STATE POST CODE

DELIVERY ADDRESS (if different to above).....
STATE POST CODE

TELEPHONE FAX EMAIL

CONTACT PERSONS - Accounts Telephone: Email
 - Purchasing Telephone: Email

INVOICES TO BE Emailed Posted EMAIL address for invoices

Do you consent to receiving promotional material from time to time? YES NO

CREDIT REQUIRED

AMOUNT OF CREDIT REQUESTED \$ AMOUNT OF CREDIT PROVIDED \$



OWNERS' / DIRECTORS' DETAILS

NAME NAME
PRIVATE ADDRESS PRIVATE ADDRESS
.....
PHONE PHONE

TRADING REFERENCES (Please provide the names, addresses and phone numbers of three (3) current references.)

NAME	ADDRESS	PHONE
1.	(.....)
2.	(.....)
3.	(.....)

CORPORATE TRUSTEE

Where the Applicant makes this application as a Trustee, it warrants and declares that it has the power and authority to make and execute this Credit Application and that all rights of indemnity which it now has or may have in the future or may otherwise have against the property of the Trust of which it is a Trustee or beneficiary or both, have not been modified or excluded as a result of any act, matter or document made or executed by it or as a result of any breach of fiduciary duty or in any other way. It warrants and declares further that it is has not released and shall not release in the future and shall not cause or permit to be released, lost or diminished in any manner whatsoever, any such rights of indemnity.

NAME OF TRUST DATE OF TRUST DEED
NAME OF TRUSTEE NAME OF SETTLOR
ADDRESS OF TRUSTEE BENEFICIARIES OF TRUST
.....

ACCEPTANCE

The Applicant applies to N R WELDING SUPPLIES PTY LTD trading as Migwell Australia Welding, Safety & Abrasive Supplies ("Migwell Australia") for credit. Migwell Australia's ABN is 97 007 276 468. The Applicant acknowledges receipt of and accepts the present standard Terms and Conditions and acknowledges that the Terms and Conditions may be changed by Migwell Australia from time to time, upon giving written notice to the Applicant and in accordance with the Applicant's rights under the Australian Consumer Law, if any.

Where the Applicant makes this application as a trustee, and details of the trust are not provided as above, the below signatories agree to indemnify Migwell Australia against any loss of money due to Migwell Australia by the Applicant, unless and until details of the trust are provided.

I/We warrant that I am/we are authorised to sign this Credit Application on behalf of the Applicant.

SIGNATURE SIGNATURE
NAME (Block letters) NAME (Block letters)
POSITION POSITION
DATE DATE



PERSONAL GUARANTEE AND INDEMNITY

I/We note that the trading Terms and Conditions have been provided to us by Migwell Australia and that I/we have read and understood them. In consideration of Migwell Australia supplying goods on credit to the Applicant:

I/We (and if more than one, jointly and severally) agree that if the Applicant at any time fails to pay any money due to Migwell Australia or fails to perform or observe any term or condition of credit or sale to be performed by the Applicant, I/we will forthwith pay to Migwell Australia all money due and payable by the Applicant (or any subsequent owner of the business name of the Applicant) to Migwell Australia. No demand by Migwell Australia for payment shall be necessary.

I/We further agree to indemnify Migwell Australia against any loss of money due to Migwell Australia by the Applicant under or relating to any sale by or credit granted by Migwell Australia to the Applicant (or any subsequent owner of the business name of the Applicant) including expenses and legal costs associated with the collection of outstanding monies and including any loss suffered by Migwell Australia as a result of the Applicant's failure to perform or observe any term or condition of credit or sale. I/We agree to charge my/our interest in any real property registered in my/our name/s in favour of Migwell Australia to secure this Guarantee and Indemnity and authorise the lodgement of a caveat to support this charge, which shall be registered in the event that my/our account falls overdue and/or outside the terms and conditions of trade, causing the Applicant to default under the agreement with us.

I/We (and if more than one, jointly and severally) agree that this Guarantee and Indemnity is a continuing Guarantee and Indemnity and will not be invalidated, released or discharged by any event which would or might so invalidate, release or discharge the Guarantee and Indemnity, including (but not limited to) the giving of time, the variation of the terms and conditions of credit or sale, the alteration of the composition of the Applicant or the release of the Applicant or any co-guarantor. I/We understand this Guarantee and Indemnity binds me/us personally.

WARNING: THIS IS AN IMPORTANT DOCUMENT WHICH CONTAINS BINDING LEGAL OBLIGATIONS. YOU SHOULD OBTAIN LEGAL ADVICE BEFORE SIGNING IT.

SIGNATURE SIGNATURE
NAME (Block letters) NAME (Block letters)
WITNESS SIGNATURE WITNESS SIGNATURE
WITNESS NAME (Block letters) WITNESS NAME (Block letters)
DATE DATE

MIGWELL OFFICE USE ONLY

Account Approval Date: ___/___/___ Terms: _____ Account Limit: \$ _____

Account Code: _____

Appointed Rep advised of 'New Account' (Rep's name): _____ Date Notified: ___/___/___

Approval Notification Letter: Posted Faxed Emailed to: _____

Date Notified: ___/___/___

Notes: _____
