



APPLICANT DETAILS

FORM NO. QF850 ISSUE E (13/12/2007)

Name of applicant:	
Company or trading name:	
Registered address:	
Postal address:	
Delivery address:	
Telephone No:	Fax No:
E-mail No:	
Nature of business:	
Authorised share capital:	Commenced trading:
Paid up capital:	Share holders funds:

PROPRIETOR / DIRECTORS DETAILS

FULL NAME	ADDRESS	SHARES ISSUED

APPLICANTS CONTACT STAFF

	NAME	TELEPHONE	E-MAIL
Purchasing Officer			
Financial Controller			
Accounts Payable			
General Manager			



NSW Sales Support
PO Box 20
Fairfield, NSW 1860
Tel: (02) 9757 2678
Fax: (02) 9725 5363
Mob: (041) 840 7922
Web: www.rmspl.com.au
E-mail: mf@rmspl.com.au

Please complete page two also...

6 Anzed Court
Mulgrave, VIC 3170
PO Box 1166
Huntingdale, VIC 3166
Tel: (03) 9561 0266
Fax: (03) 9561 0277
Web: www.rmspl.com.au
E-mail: rms@rmspl.com.au

Credit Application

Relay Monitoring Systems Pty Ltd

Page 2 of 2



ACN 052 484 483
ABN 76 052 484 483

PURCHASING CRITERIA

FORM NO. QF850 ISSUE E (13/12/2007)

ABN:	
Initial credit requested	\$
Anticipated monthly purchases	\$

BANK DETAILS

Name
Branch
Address

TRADE REFERENCES

NAME	CONTACT	TELEPHONE	CHK

1. I/We hereby certify the above information to be correct and is supplied intending that RMS shall rely on it in considering this application for a credit account.

2. I/We hereby acknowledge that we are in receipt of the Conditions of Sale of RMS and agree to abide by the conditions and amended conditions that may occur.

3. I/We undertake to advise RMS of any changes to the details of the charges mentioned above.

4. I/We undertake to ensure that payment in full shall be made by the end of the month following the month of delivery and invoicing of goods.

5. I/We hereby acknowledge having been informed by the RMS that personal information about them may be disclosed to or aquired from a credit reporting agency.

6. I/We hereby agree that RMS may contact any trade references or other credit references at any time whether now or in the future for the purpose of assessing credit worthiness.

AUTHORISED NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

SALES REP. COMMENTS	RMS USE ONLY
SALES PERSON: _____	CUSTOMER TYPE: _____
AREA CODE: _____	CREDIT REQUESTED: _____
PROSPECTS: _____	

ACCOUNT APPROVAL	RMS USE ONLY	FORM NO. QF850A ISSUE E (01/09/2000)
AREA CODE: _____	DATE: _____	
CREDIT CHECK: _____	ACCOUNT NO: _____	
CREDIT LIMIT: _____	CBA ENTERED: _____	