



Scaffworx hire Pty Ltd

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105 Russell St  
Emu Plains, NSW 2750

# CREDIT ACCOUNT APPLICATION

TO: Scaffworx Hire

I/we **hereby apply** for credit account facilities and supply you with confidential information which I/we understand will be used to assess this application.

Company Name: ..... ABN: .....

Trading Name: ..... ACN: .....

Nature of Business: .....

Postal Address: .....

Delivery Address .....

Telephone: ..... Fax: ..... Mobile: .....

Email: .....

Registered Office (if company) .....

Invoices:  With goods  Post  Fax  Email: .....

Statements:  Post  Email: .....

Requested Credit Limit ..... Order number required:  No  Yes – sample: .....

Authorised person for online account access: .....

Email: .....

## ACCOUNTS PAYABLE CONTACT:

Name/s: ..... Email: .....

Ph: ..... Fx: ..... Mobile: .....

## PURCHASING CONTACT:

Name/s: ..... Email: .....

Ph: ..... Fx: ..... Mobile: .....

## NAME & ADDRESS OF PARTNERS/DIRECTORS:

..... Phone: .....

..... Phone: .....

..... Phone: .....

## TRADE REFERENCES: (not fuel accounts. And please ensure to supply fax numbers)

Name.....

Phone..... Fax .....

Name.....

Phone..... Fax .....

Name.....

Phone..... Fax .....

# Conditions of Credit

In consideration of you extending credit and agreeing to supply goods and services I/we hereby agree with you as follows:

1. I/we must pay the invoice balance in full within 30 days of the date of the invoice.
2. In the event of a disputed invoice Scaffworx Hire must be notified in writing within 14 days.
3. In the event that I/we default and cause the account to be referred for recovery/legal action, reasonable fees and legal costs will be payable by me/us and will be added to the unpaid balance of the account.
4. Scaffworx Hire Pty Ltd reserves the right to refuse any application for a Credit Account.

**IF COMPANY:**

Director's name (please print) .....

Signature .....

Director's name (please print) .....

Signature .....

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**IF PARTNERSHIP or INDIVIDUAL:**

Signed

By \_\_\_\_\_ the said

\_\_\_\_\_  
Signature of person signing

In the presence of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name, address and telephone number of witness

\_\_\_\_\_  
Print name of person signing



**PURSUANT TO SECTION 18K OF THE PRIVACY ACT, 1988.**

I/We .....  
Hereby agree that any information that may be contained in a credit report about me/us be given to Scaffworx Hire Pty Ltd if it requests the report for the purpose of assessing an application for credit made by me/us

.....  
.....  
Applicant/Director Applicant/Director

**GUARANTEE**

TO: Scaffworx Hire ABN: 23 448 302 647  
105 Russell St Emu Plains, NSW 2750.

In consideration of your having at our request agreed to supply .....  
(Customer's Name)

(The Debtor) of .....  
with goods and services in the way of their trade carried on by them at various locations, we, the undersigned agree with you as follows:

1. To guarantee to you the payment by The Debtor for all goods and services so supplied to it/them.
2. This guarantee shall be a continuing guarantee.
3. This guarantee shall extend to and be applicable to the whole debt due to you from The Debtor in respect of goods and services supplied by you to The Debtor.
4. You shall be at liberty without discharging us or from liability hereunder to grant time or other indulgence to The Debtor in respect of goods and services supplied you and to accept payment from The Debtor in cash or by means of negotiable instruments and to treat The Debtor in all respects as though we were jointly liable with The Debtor as debtors to you instead of being merely guarantors for The Debtor.
5. In order to give full effect to the provision of this guarantee we hereby waive and each of us hereby waives all rights inconsistent with such provisions and which we might otherwise as surely be entitled to claim and enforce.
6. This guarantee shall at our option be revocable at any time as to the future transactions by one (1) month's written notice to you by us jointly and in the case of the death, or the death of one or more of us by our respective personal representatives or survivors of us or personal representatives of such may be deceased.

DATED:

Signed in the presence of:

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF WITNESS - PLEASE PRINT  
GUARANTEE - PLEASE PRINT

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_

SIGNATURE OF GUARANTEE \_\_\_\_\_

Signed in the presence of:

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF WITNESS - PLEASE PRINT  
GUARANTEE - PLEASE PRINT

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF

\_\_\_\_\_  
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SIGNATURE OF WITNESS \_\_\_\_\_

SIGNATURE OF GUARANTEE \_\_\_\_\_