



A.C.N 122 819 087

CREDIT ACCOUNT APPLICATION FORM

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	Postcode:
Date business commenced:			
Sole proprietorship: Y/N	Partnership: Y/N	Corporation: Y/N	Other:

BUSINESS ACCOUNTS PAYABLE INFORMATION

Primary business address:			
City:		State:	Postcode:
How long at current address?			
Telephone:	Fax:	E-mail:	
Contact Name:			
Position:		Phone:	
City:		State:	Postcode:

Office USE ONLY Please note overdue invoices will carry an additional 12% fee.
Officer Stamp

OTHER BUSINESS LOCATIONS

Company name:			
Address:			
City:		State:	Postcode:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	Postcode:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	Postcode:
Phone:	Fax:	E-mail:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize M H TECHNOLOGIES PTY LTD TO INCLUDE ANY LATE PAYMENT FEE OR ADMIN FEES WHICH MAY ARISE FROM ANY LATE PAYMENTS.

SIGNATURES	
Title: Date:	Title: Date: