

**K P CAPS (AUSTRALIA) PTY. LTD.**

1/53-57 COSGROVE ROAD ENFIELD NSW 2130

TEL: 02-9742 5541 FAX: 02-9742 5987

FREE FAX: 1800 811 221

ABN#55 067 428 031

**CREDIT APPLICATION****Company's Information**

Business Name \_\_\_\_\_ ABN# \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_  
 Name of Directors \_\_\_\_\_  
 After hour contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Other Information**

Business operated from Factory ( ) Office ( ) Retail shop ( ) Home ( )  
 Years in business ( ) No. of employees ( ) Expected credit volume ( \$ )  
 Other trading name(s) or associated firms \_\_\_\_\_

**Trade References – (please provide both telephone and fax numbers for contact):**

(1) Name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ Fax. \_\_\_\_\_  
 (2) Name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ Fax. \_\_\_\_\_  
 (3) Name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ Fax. \_\_\_\_\_

**Please read and sign for our record**

I/We warrant that the above information given on behalf and with respect to my/our business is true and correct and that KP Caps (Aust) Pty Ltd is relying on same. In consideration of granted credit, I/we undertake to advise K P Caps (Aust) Pty Ltd of any changes in the status of my/our business and agree that K P Caps (Aust) Pty Ltd shall be deemed to reply on the information contained herein until so notified.

\_\_\_\_\_  
 Authorized Signature      Name (please print)      Position      Date

**Guarantee**

The undersigned agrees to guarantee (both individually and as a corporate officer) payment of all amounts due 2% per month or 24% per annum interest and all collection costs including reasonable solicitor's fees, should the account become delinquent.

\_\_\_\_\_  
 Authorized Signature      Name (please print)      Position      Date