



Trading Account Facility (TAF) - Application				Date of Application:
Trading Name				
Physical Address:				
				Postcode (Physical Addr)
Postal Address				Postcode (Postal Addr)
The Applicant is (tick one):	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader
This Section ONLY for <b>Company or Trust</b> Applicants				
Registered Entity Name:				Date of Registration
Registered Address:				Postcode
<b>Personal Guarantees</b> are required from one Director of a <b>Private Company Applicant</b> or from a <b>Trustee</b> in the case of the applicant being a <b>Trust</b> . <b>Public Company Director's Guarantees are not required.</b>				
<i>I, the undersigned Director or Trustee (as applicable) of the above named Private Company or Trust, HEREBY AGREE to be jointly and severally responsible to you for the due payments of the Applicant Entity for all such goods and services that you may from time to time supply to it. The Guarantee is to be a continuing Guarantee and our liability under it shall not be affected by your giving time or any other indulgence to the said Applicant.</i>				
Name in FULL				
Residential Address				
Signature		Private Phone:		
Signed at ..... this ..... day of ..... 20__ .				
Witness to Signatures:				
Name in FULL				
Address in FULL				
Signature		Private Phone:		
Signed at ..... this ..... day of ..... 20__ .				
This Section ONLY for <b>Sole Trader or Partnerships</b>				
1st Partner or SOLE TRADER				
Name in FULL				
Residential Address:				
Signature		Private Phone:		
Do you Own / Lease / Rent your own residence		How long at that address		

2nd Partner (for Partnership only)	
Name in FULL	
Residential Address	
Signature	Private Phone:

**For all Account Applicants**

Business Landline Phone		Business Mobile		Business Fax	
Purchasing EMail				Purchasing Fax	
Purchasing Officer Name		Purchasing Contact Phone:			
Do you use Purchase Orders?		Sample P/Order Format: (eg x123456Y)			
Accounts Email:				Accounts Fax	
Accounts Payable Officer		Accounts Payable Phone			
Do you accept that ownership of Goods purchased will not transfer until payment in full is received?		<i>Initial here</i>	Do you undertake to pay your monthly account balance on or by the last last business day of the following month?		<i>Initial here</i>
What do you anticipate will be your <b>AVERAGE</b> monthly spend under this account?				\$	

**Business Information**

Nature of your Business:		Year Established	
Previous Business Name		A.B.N.	
As it applies to your purchases, which of the following best describes your business?	<i>Eq. Owner</i>	Repairer	Reseller

**Nominate 3 Trade References (excluding Fuel & Tyres)**

*Trade References are a critical component of your Application. Please choose referees who can confirm your ability to manage this facility in the event that your application is approved.*

Name	City Address	FAX or E-Mail
1		
2		
3		

**Declaration (MUST be signed by Applicant)**

Being duly authorised by the Applicant to do so, I hereby certify that the information provided herein is correct and that the Applicant accepts that all goods and services delivered to it by Torquepower shall be so delivered on the basis of its Terms and Conditions for Supply of Goods and Services - as amended, a copy of which accompanied this Application. I authorise Torquepower to obtain credit information from and to give credit information to credit reporting agencies and to use credit information to the extent permitted by the provision of The Privacy Act (where applicable) in assessing this application and monitoring the ongoing provision of credit.

Signature:	Full Name:	Position:	Date:
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**Footnote**

You are asking Torquepower to provide you with credit facilities which will make some aspects of running your business more convenient, simpler and easier for you. In order to do this we need to be comfortable with your application, references and undertakings. So, please take the time to provide ALL of the necessary details in order to make that decision an easy one for our accounts people. If you submit an Application that is incomplete, we will return it to you just once in order that you can provide the missing information. If, for any reason, we are not comfortable with your application, then we will respectfully deny you credit at this time and invite you to maintain a cash business with us until that confidence is established. Thank you for your application. I hope we can be of assistance. Regards, *Ken J. Roberts* - Founding Director

**Office Use Only**

1	
2	
3	