



# AGNES BANKS EQUINE CLINIC PTY. LTD.

5 PRICE LANE  
AGNES BANKS NSW. 2753  
Serving the Hawkesbury/ Nepean District

A.C.N. 114 688 575  
A.B.N 94 114 688 575

TELEPHONE: (02) 4588 5200  
FACSIMILE: (02) 4578 1458  
24 HR EMERGENCY SERVICE  
Derek A. Major B.V.Sc. M.A.C.V.Sc.  
Ian A. Duckworth B.V.Sc.  
Neil Walton B.V.Sc. M.R.C.V.S. M.A.C.V.Sc.  
Mark A. Schembri BSc (Vet) BVSc  
Victoria E. Tomes B.V.Sc  
Bill Matthews B.V.Sc. M.R.C.V.S Cert. E.S.M.

## Credit Application

**Details of Entity:**    Company    Partnership    Sole Trader    Trust

ABN \_\_\_\_\_ ACN \_\_\_\_\_ Date of Registration \_\_\_\_\_

Business Name \_\_\_\_\_

Trading As \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address for Correspondence \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Nature of Business \_\_\_\_\_

Accounts Contact Person \_\_\_\_\_

Name of Bank \_\_\_\_\_ BSB \_\_\_\_\_

Account Number \_\_\_\_\_

Business Premises  Owned    Rented    Mortgaged

Number of Employees \_\_\_\_\_



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**Details of Owner:**  Sole Trader  Partners  Directors  Trustees

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Residential Address \_\_\_\_\_ Residential Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_

Banking Details: \_\_\_\_\_ Banking Details: \_\_\_\_\_

Name of Bank \_\_\_\_\_ Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_ Branch \_\_\_\_\_

BSB \_\_\_\_\_ Acc No. \_\_\_\_\_ BSB \_\_\_\_\_ Acc No. \_\_\_\_\_

### Trade References

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Contact \_\_\_\_\_



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## Terms and Conditions of Credit

1. In the event of Agnes Banks Equine Clinic Pty Ltd granting credit facilities to the applicant then:
  - (a) All accounts are to be settled within thirty (30) days of date noted on the Agnes Banks Equine Clinic Pty Ltd statement and / or invoice or within terms as individually agreed. Credit Facilities may only continue if payment is maintained in accordance with those agreed trading terms.
  - (b) Should the applicant default in making any payment in accordance with the agreed trading terms, then all monies due to Agnes Banks Equine Clinic Pty Ltd shall become immediately due and payable.
  - (c) Agnes Banks Equine Clinic Pty Ltd shall be entitled to charge interest at the rate of 1% per calendar month on all overdue amounts from the date due for payment until the actual payment
  - (d) Any expenses and / or costs or disbursements incurred by Agnes Banks Equine Clinic Pty Ltd in recovering any outstanding monies including debt collection agency fees and legal costs shall be paid by the Applicant.
  - (e) It is expressly understood and agreed that this credit arrangement may be terminated at any time by Agnes Banks Equine Clinic Pty Ltd. In that event, all monies owing to Agnes Banks Equine Clinic Pty Ltd will be immediately due and payable.
2. **Trust**

Where the applicant is a Trustee, the applicant shall be liable on the account and in addition the assets of the Trust shall be available to meet payment of any monies due and owing to Agnes Banks Equine Clinic Pty Ltd.
3. **Change of Ownership / Particulars.**

The Applicant will notify Agnes Banks Equine Clinic Pty Ltd no later than 14 days after any change of ownership, change in its particulars, any alteration or addition to shareholders or directors, and any change, alteration or addition to the Applicants internal structure and senior management.



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## **PERSONAL GUARANTEE:**

I, \_\_\_\_\_ being

Private (Personal use)  Owner (Business)  Director (Business)

Of: \_\_\_\_\_,

(Business name if Business application) do hereby personally guarantee all the lawful debts incurred by that entity with Agnes Banks Equine Clinic Pty Ltd.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

### **Applicant's Declaration**

I/We hereby apply for a credit facility with Agnes Banks Equine Clinic Pty Ltd and certify that all the information supplied in this application is true and correct. I/We have read the attached terms & Conditions associated with the operation of the credit facility. I/We authorise Agnes Banks Equine Clinic Pty Ltd to conduct a Credit History check with an external credit agency. This information will be treated as Confidential and will not be supplied to any other organisation.

Signature of Authorised Signatory \_\_\_\_\_

Authorised Signatory's Name \_\_\_\_\_ (Block Letters)

Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature of Authorised Signatory \_\_\_\_\_

Authorised Signatory's Name \_\_\_\_\_ (Block Letters)

Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_