

All business is undertaken subject to ICE Standard Trading Conditions attached to this document, which may limit or exclude the Company's liability and contain warranties and/or indemnities benefiting the Company.

|                                   |      |
|-----------------------------------|------|
| Application for Commercial Credit | Date |
|-----------------------------------|------|

### Business Details (Mandatory)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Trader   | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Company          |
| <input type="checkbox"/> Trading Trust | <input type="checkbox"/> Government Authority  | <input type="checkbox"/> Local Government |
| <b>Company/Business Name</b>           |  |   |
| <b>Trading Name/name of trust</b>      | <small>(if trading as a trust/entity, please complete the below 2 fields)</small>  |   |
| <b>ABN / ACN</b>                       | <small>(of company/business)</small>   |   |
| <b>ABN of trust</b>                    | <b>Name of trustee</b>   |   |
| <b>Street Address</b>                  | <b>Postcode</b>  |   |
| <b>Postal Address of business</b>      | <b>Postcode</b>  |   |
| <b>Telephone</b>                       | <b>Fax Number</b>  |   |
| <b>Position Title</b>                  | <b>Contact Name</b>  |   |
| <b>Telephone</b>                       | <b>Fax Number</b>  |   |
| <b>Email Address</b>                   |  |   |
| <b>Holding Company</b>                 | <input type="checkbox"/> Yes <small>(if yes)</small> <b>Holding Company Name</b><br><input type="checkbox"/> No <small>(if yes)</small> <b>Holding Company ACN</b> |   |

### Applicant/s Details ( if sole trader/trading trust/partnership - mandatory)

|   |   |  |  |
|---|---|--|--|
| <b>Full Name (applicant 1)</b>          | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs.                            |  |  |
| <b>Previous Address</b>                 | <b>Postcode</b>   |  |  |
| <b>Current Address</b>                  | <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <b>Postcode</b> |  |  |
| <b>Telephone</b>                        | <b>Driver Licence No.</b>   |  |  |
| <b>Maiden Name /other name (if any)</b> | <b>Date of Birth</b>  |  |  |
| <b>Full Name (applicant 2)</b>          | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs.                            |  |  |
| <b>Previous Address</b>                 | <b>Postcode</b>   |  |  |
| <b>Current Address</b>                  | <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <b>Postcode</b> |  |  |
| <b>Telephone</b>                        | <b>Driver Licence No.</b>   |  |  |
| <b>Maiden Name /other name (if any)</b> | <b>Date of Birth</b>  |  |  |

## Type of Business

|  |   |                         |  |
|--|---|-------------------------|--|
| <b>Nature of Business</b><br>or main income producing activity |   |                         |  |
| <b>Industry Type</b>   |   | <b>No. of Employees</b> |  |
| <b>Date Commenced</b>  |   |                         |  |
| <b>Premises</b>  | <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged |                         |  |

## Credit References

|                          |                     |
|--------------------------|---------------------|
| (a) <b>Business Name</b> | <b>Job Title</b>    |
| <b>Contact Name</b>      | <b>Phone Number</b> |
| (b) <b>Business Name</b> | <b>Job Title</b>    |
| <b>Contact Name</b>      | <b>Phone Number</b> |
| (c) <b>Business Name</b> | <b>Job Title</b>    |
| <b>Contact Name</b>      | <b>Phone Number</b> |

## Credit

|                              |  |
|------------------------------|--|
| <b>Credit Limit Required</b> | (Average monthly credit limit requirement) |
|------------------------------|--|

## Signature of Applicant/s

|  |  |   |  |
|--|--|---|--|
| <b>ICE CREDIT TERMS</b><br>Disbursement charges (outlays by ICE) and Duty/GST payments      Payment in Advance<br>All other charges      14 days from invoice date   |  |   |  |
| We certify that the above information is TRUE AND CORRECT. I acknowledge that I have read and understood the ICE Standard Trading Conditions which are attached to this document and that I am authorised to sign this acknowledgement on behalf of:<br><br>I agree that all services provided by ICE are subject to the ICE Standard Trading Conditions. We undertake to settle all accounts by the DUE DATE.<br><br>We understand that should the terms of trading be exceeded, future transactions may be on a pre-paid basis and we are liable for legal costs incurred in recovering any debt.<br><br>Please note that any Duty / GST payments are excluded from this agreement and should be paid upon receipt of invoice. |  |   |  |
| <b>Authorised Signatory's Name and Title</b><br>(applicant 1)  |  | <b>Authorised Signatory's Name and Title</b><br>(applicant 2) |  |
| <b>Signature</b>   |  | <b>Signature</b>  |  |
| <b>Date</b>  |  | <b>Date</b>   |  |

