Application for Credit Account

JUNE 2019

Nolan.UDA Pty Limited ABN 28 135 927 249 trading as



OFFICIAL USE ONLY

| Approved By | |
|----------------------|--|
| Approved On | |
| Industry Code | |
| Customer Name, | |
| A/C No. | |
| Sales Person | |
| Responsiblity Centre | |
| Credit Limit | |

INSTRUCTIONS

Please complete sections A, B, C, D and E of this form and mail to: PO Box 312, MORDIALLOC, VIC 3195 Because this is a legal document, faxed or emailed copies are not acceptable.

ALL INFORMATION DISCLOSED IN THIS APPLICATION IS STRICTLY CONFIDENTIAL

| | SECTION | ON A: APPLICANT DE | TAILS | |
|--------------------------|------------------------------|----------------------|---|----|
| Applicant's name: | | | | |
| Registered business no | | | | |
| Australian Business Nu | | | | |
| Trading name (if diffe | rent from company or bu | isiness name): | | |
| Registered office or b | usiness address: | | | |
| | | | | |
| Postal address (if diffe | rent): | | | |
| Dhana | F | | Fee will | |
| Phone: | Fax: | | Email: | |
| | | _ | t customers know about our products | |
| and services. If you wo | ould like to receive inform | ation from the Nolan | Group via email you can subscribe to ou | ir |
| email service by tickin | g this box \square | | | |
| Proprietor or Chief Exe | cutive Officer: | | | |
| Notes: | | | | |
| 1. If a proprietary con | npany, please give the no | ames and addresses | s of the principal shareholders | |
| | w. Alternatively, attach a c | | | |
| | e trader, please provide p | | | |
| Z. II Parmership or sole | i iladei, piedse piovide p | beisonal names and | addlesses below. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | SECTION B: INFORMA | TION DECLUDED TO A | CCECC CDEDIT DATING | |
| | | HON REQUIRED TO A | SSESS CREDIT RATING | |
| Credit limit requested: | \$ | | 12 | |
| Name of bank: | | | Branch: | |
| Bank manager's nam | e: | | Phone number: | |
| Bank account name of | and number: | | | |
| Accountant's name: | | | Phone number: | |
| Trade references: | | | | |
| Company: | Phone: | | Email: | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| Nature of business: | | How long | g established: | |
| | most recent financial yea | _ | , colabilotica. | |
| Balance sheet details: | | ··/ | | |
| Current liabilities: | , Canoni liabililica. | Mon ourro | ent liabilities: | |
| Current liabilities. | | Non-cuite | TII IIQDIIIIIE3. | |

Net profit before tax:

Net assets:

Sales:

Profit and loss details:-

SECTION C: SECURITY FOR PAYMENT

Please complete this section. If you consider the credit worthiness of your entity is such that it does not require this security, please provide supporting details, including copies of the balance sheet and profit and loss statements for the last three years.

| THIS DEED | OF GUARANTEE made this | day of | Two thousand and |
|--|--|--|---|
| | | | |
| BETWEEN | The person referred to in So | chedule One hereto (| hereinafter called "The Guarantor") of the First Part |
| AND | Nolan.UDA Pty Limited (her | einafter called Nolan | Group) of the Second Part |
| AND | The Company referred to i | n Schedule Two heret | o (hereinafter called "The Company") of the Third Part |
| WHEREAS | | | mpany with a thirty (30) day credit account in relation to by the Nolan Group to The Company. |
| NOW THIS I | DEED WITNESSES AND IT IS HE | REBY COVENANT AND | AGREED AS FOLLOWS: |
| Group whi month tha the whole indemnify | ch default shall be defined t the invoice was raised by t of such amount and other r | as the non payment of the Nolan Group, then nonies which shall the I losses and other mor | of any amounts owing by the company to the Nolan of such monies within thirty (30) days from the end of the the Guarantor will, on demand, pay to the Nolan Group on be due to the Nolan Group as aforesaid and will nies, costs and charges and expenses whatsoever which part of the company. |
| been give | | | and shall bind The Guarantor should they deem to have tors and administrators with the Nolan Group and its |
| SCHEDULE | ONE (GUARANTOR) | | |
| Name: | | | |
| Address: | | | |
| | | | |
| SCHEDULE | TWO (COMPANY) | | |
| Name: | | | |
| Address: | | | |
| | | | |
| IN WITNESS | THEREOF this Deed has bee | en duly executed the | day and year first herein before written. |
| SIGNED SE | ALED AND DELIVERED |) | |
| by the said | GUARANTOR |) | |
| in the pres | ence of: |) | |
| | | | |
| THE COMN | MON SEAL of "The |) | |
| Company | ' was hereunto affixed |) | |
| by resolution | on of the Board of |) | |
| Directors in | n the presence of: |) | |
| | | | |
| THE COMN | 10N SEAL OF |) | |
| Nolan.UDA | was hereunto |) | |
| affixed by | resolution of the Board |) | |
| of Director | s in the presence of: |) | |
| | | | |

| | | ECTION D: TERMS OF A | | |
|---|---|---------------------------|--|-------------------------|
| - | t the Nolan Group genei between ourselves and I | - | ee next page) form the con | tractual basis |
| (2) I/we authorise r latter's bankers. | my/our bank to provide (| a "bank opinion" to Nol | lan.UDA Pty Limited and/or | to the |
| (3) I/we authorise I myself/ourselves p | - | undertake a credit che | eck on our trading entity an | d |
| | t my/our trading entity is ed in this application is t | | debts when they fall due ar y particular. | d that the |
| (5) I/we understand | d that in signing the pers | sonal guarantee in sect | tion C, the guarantor is liable ayment by my/our trading e | |
| (6) I/we understand | d that Nolan.UDA Pty Lim | nited's preferred metho | d of payment is EFT. In the c d that we will be charged c | ase that I/ |
| Signatory/(ies): | | | | |
| Cianatura(a) | | | | |
| Signature(s): | | | | Date: |
| | | | | |
| | SECT | ION E: YOUR CORPORA | TE PROFILE | |
| To assist us in service Business Type: (ple | cing your needs, can you ease tick) | u please advise the follo | owing. | |
| ☐ Architect | ☐ Builder | Commercial Contractor | ☐ Engineer | Government Department |
| ☐ Industry Assoc. | ☐ Interior Designer | ☐ Installer | ☐ Manufacturer | ☐ Project Manager |
| ☐ Retailer | ☐ Sales Agent | ☐ Shop Fitter | ☐ Trimmer/Fabricator | ☐ Wholesaler (reseller) |
| ☐ Other | | | | |
| Industry: (please tie | ck) | | Sub Industry: (please tie | ck) |
| ☐ Contract & Co | mmercial | | O Acoustic O Flooring | |
| | | | O Upholstery | |
| | | | O Healthcare O Retail | |
| | | | O Relaii O Education | |
| ☐ Blinds & Awnin | <u>g</u> s | | O Awnings | |
| | | | O Exterior O Internal | |
| | | | O Horticulture & Agricu | ltı ıra |
| ☐ Industrial Fabri | CS | | O Shade | iidio |
| | | | O Defence | |
| | | | O Mining O Industrial Fabrics | |
| | | | O Recreational | |
| | | | O Sporting Equipment O Print | |
| | | | O Architectural Fabrics | |
| ☐ Automotive | | | | |
| ☐ Marine | | | | |

Website: www.

Current number of employees:

Please send this completed form to: Nolan.UDA Pty Limited, PO Box 312, MORDIALLOC, VIC 3195

SECTION F: Nolan Group GENERAL CONDITIONS OF SALE

- Credit account settlement terms are strictly NETT 30 days except when the invoice or delivery docket is marked otherwise.
- 2. Unless non-delivery is claimed within 30 days after the mailing of our monthly statement, our carrier's manifest will be conclusive of delivery without proof of customer's signature. All claims or queries regarding goods must be notified within ten days of the date of the invoice. This is a precondition of any claim in respect of goods or to any contest of a claim by this company for payment for these goods.
- 3. No goods are returnable except by prior arrangement. All goods, especially fabrics and leather, should be inspected in the customer's workroom BEFORE CUTTING for correct quantity, design, colour and quality because no claims whatsoever can be accepted by this company once the goods have been cut into. Returned goods will only be accepted once a Sales Return Order has been created and issued. If you have goods to return, please contact your local Nolan Group Account Manager or Customer Service Department to discuss your options and if appropriate, you will be given a Sales Return Order number for the goods, which must be quoted in all correspondence. Returned goods may be subject to a restocking fee.
- 4. Figures for weight per square metre and fibre content are approximate. Our samples are not claimed to be an exact match of the appearance and quality of the bulk of the goods for sale. Due allowance should be made by the customer for variations caused in the manufacturing process.
- 5. If any fabric or other product sold later becomes the subject of complaint, we reserve the right to consider expert evidence by our suppliers and recognised industry associations as conclusive of the complaint.
- 6. Our liability is limited to replacement of the subject goods or if the goods are no longer available, to replacement with the closest equivalent merchandise from our current stock range. Liability for any negligence or any consequential loss is expressly excluded.
- 7. Our Conditions of Sale may be varied by us at any time. Even if we do not insist on them strictly on one or more occasions, they still stand for other occasions. No standard Conditions of Sale used on the customer's documentation will apply to any transaction unless the directors of this company have expressly so agreed.
- 8. All these conditions apply to all sales except so far as State or Federal law may prevent this for a particular transaction. All conditions and warranties implied by law are excluded.
- 9. A minimum order value of \$75.00 applies to all sales orders



1300 35 75 85 info@Nolans.com.au Nolans.com.au

SYDNEY

8 St James Place, Seven Hills NSW 2147 **Phone:** (02) 9308 6201 **Facsimile:** (02) 9669 3266

NEWCASTLE N

16 Ironbark Close , Warabrook NSW 2304 **Phone:** (02) 4088 4100 **Facsimile:** (02) 4952 6737 BRISBANE

14 Lions Park Drive , Yatala QLD 4207 **Phone:** (07) 3387 8500 **Facsimile:** (07) 3807 8300

MELBOURNE

7 Conifer Crescent, Dingley Village VIC 3172 **Phone:** (03) 8546 6300 **Facsimile:** (03) 9545 5582 ADELAIDE

489 Cross Keys Road , Cavan SA 5094 **Phone:** (08) 8169 7400 **Facsimile:** (08) 8260 1655

PERTH

22 Hazelhurst Street , Kewdale WA 6105 **Phone:** (08) 9376 2666 **Facsimile:** (08) 9353 1215

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| Date application received: | | |
|---|---------------|-------|
| References check: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Summary of bank opinion: | | |
| | | |
| Summary of accountant's remarks: | | |
| Manager's remarks and recommendation: | | |
| Manager's signature: | | Date: |
| O Declined O Approved | Credit limit: | |
| Director's remarks: | | |
| | | |
| Director's signature: | | Date: |
| Account opened by: | | Date: |
| OTHER INFO | DDMATION! | |
| OTHER INFO | DRIVIATION | |
| Sales: | Accounts: | |
| Delivery address (if different from that within): | - | |
| | | |
| Customer responsibility | | |
| Sales person: | | |
| Territory: | Courier: | |