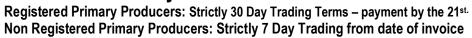
Account Application Form South East Country Vets





Trading Name or Full Name:							
Contact Full Name:				POSTAL ADDRESS: If Different to Property Address			
PROPERTY ADDRESS:							
PHONE:			FAX:				
MOBILE:			EMAIL:				
PLEASE CIRCLE:	PLEASE CIRCLE: Sc		le Trader	Partnership			Company
ACN/ABN:				PIC#:			
BUSINESSES WITH WHOM YOU HAVE AN EXISTING ACCOUNT							
	1. Trade Reference				2. Trade Reference		
NAME:							
ADDRESS:							
PHONE: FAX:							
Previous Veterinary Clinic:							
			AUTH	ORISA	ATION		
I agree to abide by South East Country Vets (The Company) terms and conditions as set out here and overleaf. Please tick the type of account: → *Primary Producers Terms. By the 21 st of the month. Product purchase under \$25.00 payment at time of purchase. → Non Primary Producer Terms – on farm visits only 7 days from date of invoice. Clinic Visits & Products payment at							
time of visit/purchase							
Signed:		Print Name:			Date	:	
OFFICE USE ONLY:							
Credit Reference Check: Yes / No Approved By / Declined By: Date:							

Account Application Form South East Country Vets

Registered Primary Producers: Strictly 30 Day Trading Terms - payment by the 21st. Non Registered Primary Producers: Strictly 7 Day Trading from date of invoice



TERMS & CONDITIONS:

I/We (The Client) wish to make application for a Credit Facility, with South East Country (The Company), in accordance with its terms and conditions of trade which I / we acknowledge that I / we have read and agree to comply with. I / We also agree that payment shall be made within the terms set out overleaf. I / We acknowledge that the credit facilities may be withdrawn without notice on overdue payments. *If applying for a Primary Producers Account it is the Clients obligation to be eligible under the Australian Government Requirements.

I / We also acknowledge that The Company reserves the right to amend the terms & conditions of trade at its discretion.

I/We also agree to The Company obtaining personal information about me/us from other credit providers, whose names I / we have provided for credit reference or that may be named in a credit report, for the purpose of assessing my / our application for credit.

SANCTIONS FOR LATE PAYMENT:

I/We acknowledge that I/we will be held liable and invoiced for all debt collection fees incurred on my/our behalf, and further acknowledge that such fees will be paid upon receipt of the relevant invoice.

I/We hereby acknowledge that if I/We default in making payment to The Company in accordance with these terms and conditions The Company may in its absolute discretion:-

- (a) 60+ days overdue accounts will be charged a minimum monthly fee of \$11 or a 2% monthly surcharge.
- (b) Credit will be suspended until the account is paid in full.
- (c) The Client is to reimburse The Company for all collections costs including legal costs incurred by The Company, such recovery process shall be at the absolute discretion of The Company and be appropriate in the circumstances.

APPLICATION OF PAYMENTS:						
Any payments tendered by The Client to The Company shall be applied as follows:-						
(a) firstly as reimbursement for any collection costs incurred by The Company;						
(b) secondly in payment of any interest charged to The Client; and						
(c) thirdly in satisfaction of part satisfaction of the oldest portion of the Client's account.						
Client Initial: Date:						

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