

# Credit Application

**RIKARO**



**Double Z Enterprises P/L trading as RIKARO** ABN: 15 069 626 213

46 Woodlands Drive, Braeside VIC 3195, Australia  
**Tel: 03- 9587 9554** Fax: 03- 9587 9552  
 Email: [wsales@rikaro.com.au](mailto:wsales@rikaro.com.au) web: [www.rikaro.com.au](http://www.rikaro.com.au)

**TERMS OF TRADING:**

Initial order/orders are Proforma.  
 Account terms: 30 days from invoice date.  
 Conditions: Goods are sold on an ex-warehouse basis. We will arrange freight & insurance on our customers behalf, or a customer may collect goods, or make they own delivery arrangement. Title to the goods shall not pass until the purchase price is paid in full  
 Transport: Rikaro will arrange cost effective & safe transport with either: Toll Ipec, Direct Freight Exp., Australia Post, Couriers Please or other safe & reliable transport company  
 Price: All prices are GST excluded. Prices are subject to change without any notice.  
 Minimum order: \$200 (GST excluded) For orders under \$200,- \$ 10,- administration fee will apply  
 Claims: Claims must be made within 7 days from delivery. Email with the photos of the claim is required.  
 Settlement: If you pay within 7 days of the invoice date, deduct 5% All accounts must be finalised within 30 Days from invoice date ( applicable to customers with approved trading account only ).  
 Should an account exceed 90 days, \$50 late payment charge will be charged & collection charges will apply  
 Credit Card payments - Visa, MasterCard

Date of Application .....

**Trading Name:** ..... **ABN:** .....  
 Sole Trader  Partnership  Registered Company  Number of years trading under this name: .....

Trading Address ..... Post Code .....  
 Telephone ..... Fax .....

**Email:** ..... **Web:** .....

**OWNERS OR DIRECTORS INFORMATION:**

Name: ..... Name: .....  
 Private Address: ..... Private Address: .....  
 Telephone ..... Telephone .....  
 Drivers License No.: ..... Drivers License No.: .....

**TRADE REFERENCES**

Company Name .....  
 Address .....  
 Fax ..... Phone .....

Company Name .....  
 Address .....  
 Fax ..... Phone .....

Company Name .....  
 Address .....  
 Fax ..... Phone .....

*I consent to the supplier obtaining information from the abovementioned referees in support of this application. All information, as supplied is correct to the best of my/our knowledge.*

Signed: ..... Date: .....  
 Position: .....

**PERSONAL GUARANTEE:**

*I/we understand the trading terms as explained to us by the Vendor. I/we guarantee payment of any and all accounts for goods purchased by the above company together with any legal or out of pocket expenses associated with the collection of any outstanding monies. I/we understand this guarantee binds me personally.*

Date: ..... Date: .....  
 Signature: ..... Signature: .....  
 Company Director: ..... Company Director: .....  
 Print Name: ..... Print Name: .....  
 Witness: ..... Witness: .....

Please sign where indicated. Without all signatures, application can not be approved.





