



**INTEGRATED INDUSTRIAL MINING SUPPLY PTY LTD**  
**SPECIALIST SUPPLIER TO INDUSTRIAL SITES & MINES**  
7 MANDARIN RD MADDINGTON WA 6109 ACCT FAX: 08 9459 3667  
PO BOX 267 MADDINGTON WA 6989 SALES FAX: 1300 787 067  
EMAIL: ACCOUNTS@IIMS.COM.AU EMAIL: SALES@IIMS.COM.AU  
PHONE: 08 9459 3666 WEBSITE: WWW.IIMS.COM.AU  
PHONE: 1300 787 995 ABN: 30 123 184 252  
**ONE STOP SHOPPING FOR ALL YOUR NEEDS - CALL US FIRST**

## APPLICATION FOR COMMERCIAL CREDIT ACCOUNT

Company Name _____	Trading Name _____
ABN _____	ACN _____
Main Business Address _____	Postal Address (for invoices) _____
_____	_____
Main Business Phone _____	Main Business Fax _____
Delivery Address (or Store) _____	Delivery address phone no _____
_____	Delivery Address Fax no _____
Date Business Commenced _____	Nature of Business _____
Date Business commenced under current ownership _____	Contact email _____
Purchases contact - (name) _____	Purchases Phone _____
(add extra purchase contact details on separate sheet)	Purchases Fax _____
Accounts Payable (contact name) _____	Accounts Payable Phone _____
Email Address _____	Accounts Payable Fax _____
Delivery Contact (storeman) name(s) _____	Delivery Contact Email address _____
_____	_____
Contact details for advertised specials and promotions _____	Email address for advertised specials and promotions _____
Postal address for advertised specials and promotions _____	_____
(add extra contact details on separate sheet)	Please circle preferred method of receiving advertised specials and promotions Email / Post
Trade References (Australian Companies Only please)	Address, phone and Fax numbers
1. _____	Address _____
_____	Phone _____
2. _____	Fax _____
_____	Address _____
3. _____	Phone _____
_____	Fax _____
Credit Limit sought _____	Address _____
_____	Phone _____
BSB _____	Fax _____
Registered Office Address: _____	Bank Account Name _____
_____	Account No _____

**Director 1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Director 2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Director 3 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Director 4 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

I/We, the undersigned being SOLE TRADER/PARTNERS/DIRECTORS/AUTHORISED PERSON of:

\_\_\_\_\_

Hereby request you to supply our Company such orders as from time to time requested of you and in consideration of you carrying out such orders I/We undertake to pay you the amount payable in respect of such orders upon demand, as and when payment becomes due.

Should credit facilities be granted we agree to abide by the following terms of trade:

1. The agreed terms of trade are 30 days net.
2. Return of goods will not be accepted unless otherwise agreed
3. Goods made to order, specially procured or off standard are non-returnable and will NOT be accepted for credit.
4. Ownership title and property shall not pass to the Purchaser has paid all monies owing to IIMS, under all sale of goods contracts entered into. Until payment in full for all monies outstanding has been received and until such time, the Purchaser shall hold the goods as Bailee for IIMS in a fiduciary capacity, and by separate storage or other means, ensure that the goods are readily identifiable as the property of IIMS and the onus of identifying goods belonging to IIMS is on the Purchaser.
5. Payment of all goods will be made on or before agreed credit terms.
6. All prices are F.O.T. Maddington
7. All prices are subject to market fluctuation.

Signed		Dated	
Signed		Dated	
Signed		Dated	
Signed		Dated	

**FOR OFFICE USE ONLY**

**Credit References**

Date Sent		Date Received	
Status		Account opened on	
By		Letter Sent to Customer	
Approved By		Date	