



Please post credit applications to **PO Box 2227 Nerang MDC Qld 4211** Or fax to (07) **55783550**

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**APPLICATION FOR CREDIT**

Date \_\_\_\_\_

**Your Business Name** \_\_\_\_\_

ACN \_\_\_\_\_ Date of Registration \_\_\_\_\_

ABN \_\_\_\_\_ ( as registered with the Australian Taxation Office )

Builders Registration Number \_\_\_\_\_ ( as per BSA, QBSA )

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Street / Business Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone ( \_\_ ) \_\_\_\_\_ Fax ( \_\_ ) \_\_\_\_\_ Mobile ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Established ( Year ) \_\_\_\_\_ Paid Up Capital \_\_\_\_\_

Registered Office \_\_\_\_\_

Name of Proprietors \_\_\_\_\_ Private Address \_\_\_\_\_ Home Phone \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PERSONAL APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone ( \_\_ ) \_\_\_\_\_ Fax ( \_\_ ) \_\_\_\_\_ Mobile ( \_\_\_\_\_ ) \_\_\_\_\_

Drivers Licence No \_\_\_\_\_ Expiry Date \_\_ / \_\_ / \_\_\_\_\_

Previous Address ( if less than 3 years at the current address)

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Credit Limit Required \$ \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

Business References ( 3 Please ) *applications will be slowed down if contact numbers are not provided*

1 Name \_\_\_\_\_ Phone ( \_\_ ) \_\_\_\_\_

2 Name \_\_\_\_\_ Phone ( \_\_ ) \_\_\_\_\_

3 Name \_\_\_\_\_ Phone ( \_\_ ) \_\_\_\_\_

Accounts are strictly NETT 30 DAYS, accounts not paid promptly will be placed in the hands of debt collectors and fees will be charged

**THANK YOU FOR THIS OPPORTUNITY OF DOING BUSINESS WITH YOU**

**Nerang**  
26 Lawrence Drive  
Ph: (07) **5578 3100**  
Fax: (07) 5578 3550  
[www.goldcoasthire.com.au](http://www.goldcoasthire.com.au)

**Oxenford**  
159 Old Pacific Highway  
Ph: (07) **5573 3055**  
Fax: (07) 5573 6900  
[www.goldcoasthire.com.au](http://www.goldcoasthire.com.au)

**Yatala**  
Unit 3 127 Lahrs Road  
Ph: (07) **5596 7844**  
Fax: (07) 5549 1630  
[www.goldcoasthire.com.au](http://www.goldcoasthire.com.au)



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I/we the undersigned, being the proprietor (s) or directors of \_\_\_\_\_ request Gold Coast Hire Group to enter into hire agreements to supply goods, materials and work from time to time with the company and severally guarantee Gold Coast Hire Group the due payment by the company of all obligations under such hire default by the company, I/we shall be deemed to become principal debtor(s) to Gold Coast Hire Group and agree that this guarantee shall not in any way be affected by Gold Coast Hire Group granting time or any other indulgence to the company and that guarantee shall bind my/our personal representative.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Signature(s) of proprietor(s) / Director(s)

\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

Once granted credit you have a contractual obligation to advise Gold Coast Hire Group if there is any change in the identity of the person who is going to be ordering goods or services or any change in the company structure from that stated on this form.

I/We agree that Gold Coast Hire Group may give to and seek from any credit providers named in this credit application about my/our credit arrangements. I/We understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity, the credit providers are allowed to give or receive from each other under the Privacy Act.

I/We understand the information may be used for the following purposes

- \* TO ASSESS AN APPLICATION BY ME/US FOR CREDIT
- \* TO NOTIFY OTHER CREDIT PROVIDERS OF A DEFAULT BY ME/US TO EXCHANGE
- \* INFORMATION WITH OTHER CREDIT PROVIDERS AS TO THE STATUS OF THIS LOAN WHERE I AM IN DEFAULT WITH OTHER CREDIT PROVIDERS
- \* TO ASSESS MY/OUR CREDIT WORTHINESS

I/We certify that the above information is correct and agree to the terms of trading as shown.

Signature \_\_\_\_\_

name \_\_\_\_\_ Position \_\_\_\_\_

(please print)

(please print)

**NB FAILURE TO COMPLETE THIS APPLICATION IN FULL WILL RESULT IN A DELAY IN  
OPENING YOUR ACCOUNT.**



# PRIVACY ACT 1988

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CREDIT PROVIDER

**GOLD COAST HIRE GROUP**  
ABN: 48 525 002 491

CUSTOMER NAME \_\_\_\_\_  
(Trading Name)  
\_\_\_\_\_  
(Legal Entity if different to above)

The customer acknowledges that it has made an application for credit form or is a credit account holder with the Credit Provider. The Credit Provider may use the personal information provided by the Customer for the purpose of providing credit information to people requesting information on the Customer or for direct marketing of products and services offered by the Credit Provider and is affiliated with or represents

The Customer agrees that the Credit Provider (or any other person provided or has nay interest in the credit) can do any of the following at any time

**Commercial Credit Information**

Seek and use commercial information about the customer to assess an application for consumer credit or commercial credit or the continuation of any credit facility.

**Consumer Information**

Seek and use consumer credit information about the Customer to assess an application for commercial credit or consumer credit or the continuation of any credit facility.

**Collection of Overdue Payments**

Seek and use a credit report about he Customer provided by a credit reporting agency to collect overdue payments from the Customer.

**Exchange of Information Between Credit Providers**

Seek and use or give to another credit provider (including without limitation any other credit provider who has lent money on the same security and information about the customers credit worthiness, credit standing, credit history or credit capacity

**Provide Information to Credit Reporting Agencies**

Give to us a credit reporting agency personal or commercial information about the Customer. The information may include identity particulars, the fact that credit has been applied for an amount. The fact that the credit provides- is a current credit provider to the customer, payments which become overdue more than 64 days, and for which action is commence. Advice that cheques drawn by the customer have been dishonored more than once, in specified circumstances that in the opinion of the credit provider that customer has committed a serious credit infringement and the credit provided by the credit provider has been paid or otherwise discharged.

**Provide Information to Guarantors**

Provide information to any person or proposes to guarantee or has guaranteed repayment of any credit provided to the customer

**Disclosure of Personal Information**

Disclose personal information about the customer to organizations involved in providing credit to the customer or any other associate, or contractor, including for example stationery printing houses, mail houses, lawyers, accountants etc

The customer authorizes the credit provider or its agents to make such enquires and take up such references, as it considers necessary in relation to the customers credit application or the continuation of any credit facility

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Customer account name \_\_\_\_\_

Signature of authorized signatory \_\_\_\_\_ Print Name \_\_\_\_\_