

All business is undertaken subject to ICE Standard Trading Conditions, which may limit or exclude the Company's liability and contain warranties and/or indemnities benefiting the Company.

<b>Application for Commercial Credit</b>	Date
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### Business Details (Mandatory)

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company
<input type="checkbox"/> Trading Trust	<input type="checkbox"/> Government Authority	<input type="checkbox"/> Local Government
Company/Business Name		
Trading Name/name of trust	(if trading as a trust/entity, please complete the below 2 fields)	
ABN / ACN	(of company/business)	
ABN of trust	Name of trustee	
Street Address	Postcode	
Postal Address of business	Postcode	
Telephone	Fax Number	
Position Title	Contact Name	
Telephone	Fax Number	
Email Address		
Holding Company	<input type="checkbox"/> Yes (if yes) Holding Company Name <input type="checkbox"/> No (if yes) Holding Company ACN	

### Applicant/s Details ( if sole trader/trading trust/partnership - mandatory)

Full Name (applicant 1)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs.		
Previous Address	Postcode		
Current Address	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <span style="float: right; padding-left: 20px;">Postcode</span>		
Telephone	Driver Licence No.		
Maiden Name /other name (if any)	Date of Birth		
Full Name (applicant 2)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs.		
Previous Address	Postcode		
Current Address	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <span style="float: right; padding-left: 20px;">Postcode</span>		
Telephone	Driver Licence No.		
Maiden Name /other name (if any)	Date of Birth		

# CREDIT APPLICATION

## Type of Business

Nature of Business or main income producing activity			
Industry Type		No. of Employees	
Date Commenced			
Premises	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged		

## Credit References

(a) Business Name	Job Title
Contact Name	Phone Number
(b) Business Name	Job Title
Contact Name	Phone Number
(c) Business Name	Job Title
Contact Name	Phone Number

## Credit

Credit Limit Required	(Average monthly credit limit requirement)
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## Signature of Applicant/s

### ICE CREDIT TERMS

Disbursement charges (outlays by ICE) and Duty/GST payments All other charges

Payment in Advance  
14 days from invoice date

We certify that the above information is TRUE AND CORRECT. I acknowledge that I have read and understood the ICE Standard Trading Conditions which are attached to this document and that I am authorised to sign this acknowledgement on behalf of:

I agree that all services provided by ICE are subject to the ICE Standard Trading Conditions. We undertake to settle all accounts by the DUE DATE.

We understand that should the terms of trading be exceeded, future transactions may be on a pre-paid basis and we are liable for legal costs incurred in recovering any debt.

Please note that any Duty / GST payments are excluded from this agreement and should be paid upon receipt of invoice.

Authorised Signatory's Name and Title (applicant 1)		Authorised Signatory's Name and Title (applicant 2)	
Signature		Signature	
Date		Date	