



Wholesale Auto Electrical Distributors  
Unit 2, 15 Burnet Road Warnervale NSW 2259  
Tel : 02 4392 2996 Fax : 02 4393 6449  
Email sales@jenkinspares.com.au

## Application for a Credit Account

Full Name of Company \_\_\_\_\_

Trading Name \_\_\_\_\_

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

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

Delivery Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email \_\_\_\_\_

Credit Required Monthly \_\_\_\_\_

### Names & Addresses of Directors/Partners

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

### Trade References

Name \_\_\_\_\_ Fax No./Email \_\_\_\_\_

Name \_\_\_\_\_ Fax No./Email \_\_\_\_\_

Name \_\_\_\_\_ Fax No./Email \_\_\_\_\_

I/we hereby agree to give Jenkins Spares authorisation to apply and obtain necessary credit checks from the businesses abovementioned.

I/we hereby agree to comply with your terms of strictly 30 days net and understand that outstanding amounts beyond 45 days will cause trading to cease. Jenkins Spares may at their own option charge interest on overdue account balances at the rate of 2.5% per month. Such interest will be calculated from the due date of payment until the date the payment is made in full.

I/we hereby agree to reimburse you for any collection costs or other charges incurred whilst operating this account.

I/we hereby that any shortages/defects to the goods are to be reported to you within 7 days of receipt otherwise vendor reserves the right to reject claim. An invoice number must always accompany any returns. Any goods returned must remain in their original condition and packaging. The buyer shall be liable to pay a restocking fee for non-stock items or special orders.

Title to the goods does not pass until the total amount payable on the tax invoice is received. Jenkins Spares reserves the right to retake possession of the described goods if the total amount payable on the tax invoice is not received in full.

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
(Director/Public Officer/Owner)