CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

DATE: _____ REF No. _____

CUSTOMER'S TRADE NAME: _____

CUSTOMER'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address:_____

_____   _____

_____Postcode: _____   _____ Postcode: _____

COMMERCIAL CUSTOMERS ONLY

Company Number: _____

Requested Credit Limit: _____   Date Established: _____

Contact 1: _____   Contact 2: _____

Position: _____   Position: _____

Phone: _____   Phone: _____

DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OR DIRECTORS (If Company) OR TRUSTEES (If a Trust)

Full Name: _____   Full Name: _____

Home Address: _____   Home Address: _____

_____ Postcode: _____   _____ Postcode: _____

ID: _____ Date of Birth: _____   ID: _____ Date of Birth: _____
(Driver's Licence, Passport, etc.)   (Driver's Licence, Passport, etc.)

Home Phone: _____   Home Phone: _____

TRADE REFERENCES

Business Name 1: _____   Address or A/C No: _____

Phone: _____   Fax: _____

Business Name 2: _____   Address or A/C No: _____

Phone: _____   Fax: _____

Business Name 3: _____   Address or A/C No: _____

Phone: _____   Fax: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Salon Warehouse Limited which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. *I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.*

SIGNED (CUSTOMER): _____   SIGNED (SELLER): _____

Name: _____   Name: _____

Position: _____   Position: _____

WITNESS TO CUSTOMER'S SIGNATURE:

Signed: _____   Name: _____   Date: _____