



ACCOUNT APPLICATION

Phone 1300 855 881
Fax 1300 855 882

AID Representative _____

PO Box 3138 Helensvale Town Centre QLD 4212

GENERAL BUSINESS INFORMATION

Full Trading Name _____

Registered Business/Company Name _____

ABN _____ Commencement date _____

Trading Address _____

_____ State _____ Postcode _____

Postal Address _____

_____ State _____ Postcode _____

Phone _____ Fax _____

Sales Contact _____ Mobile _____

Accounts Contact _____ Mobile _____

Store Email _____

Accounts Email _____

Nature of Business Video Store Retail Store Ecommerce Promotional
 Sole Trader Partnership Company Trust

COMPANY DETAILS (if applicable)

ACN _____ Incorporated date _____

Previous Company or Trading Name _____

Parent Holding Company Name _____

Registered Office Address _____

CREDIT DETAILS

Required Credit Limit for 2 Month Period _____

Name of Accountant/Auditor _____

Bank, Branch, Account No and Phone No _____



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OWNERS OR DIRECTORS INFORMATION

MR / MRS / MISS / MS Full Name _____

Residential Address _____ State _____ Postcode _____

Home Phone _____ Mobile _____

Date of Birth _____ **MUST provide copy of Drivers Licence or Photo ID**

MR / MRS / MISS / MS Full Name _____

Residential Address _____ State _____ Postcode _____

Home Phone _____ Mobile _____

Date of Birth _____ **MUST provide copy of Drivers Licence or Photo ID**

MR / MRS / MISS / MS Full Name _____

Residential Address _____ State _____ Postcode _____

Home Phone _____ Mobile _____

Date of Birth _____ **MUST provide copy of Drivers Licence or Photo ID**

TRADE REFERENCES

Please provide the names, addresses, phone and fax numbers of 3 current trade references.

Reference 1:

Company Name _____ Contact Name _____

Address _____

Phone _____ Fax _____

Reference 2:

Company Name _____ Contact Name _____

Address _____

Phone _____ Fax _____

Reference 3:

Company Name _____ Contact Name _____

Address _____

Phone _____ Fax _____



TRADING TERMS AND CONDITIONS

1. TERMS

- **CIA TERMS (Cash in Advance)**

Payment for all CIA accounts is by Credit Card or Bill Pay only. Customers paying by Credit Card must complete the attached Credit Card Authorisation form and return to AID prior to any orders being processed

- **CREDIT TERMS**

Payment of credit accounts is due PRIOR to the end of the month following the month of purchase. Credit Card payments are not accepted for account payments. If these Terms are not met, then those accounts will either be placed on a pre-paid basis, or cancelled at the discretion of All Interactive Distribution (AID). The Owners/Directors (Customers) listed on this form are personally liable for all reasonable expenses (including contingent expenses) and legal costs incurred by AID for enforcement of obligations and recovery of moneys due from the Customer to AID.

2. DELIVERY AND SUPPLY

Any times quoted for delivery are estimates only and AID shall not be liable for failure to deliver, or for delay in delivery. AID reserves the right to stop supply at any time if the Customer fails to comply with the Terms or AID's credit department withdraws its approval of the Customer.

3. CANCELLATIONS AND RETURNS

No Goods are to be returned to AID without prior written authority from AID. Agreed returns must be accompanied by the appropriate authority to return Goods for credit (with a Return Authority Number provided by AID). Faulty Goods are to be returned within fourteen (14) days of the date of receipt of those Goods unless specific arrangements are made with AID. Cancellation of orders will not be accepted on Goods that are not regular stock which are in the process of manufacture or ready for shipment.

4. PROPERTY

All Goods subject to invoice remain the property of AID until Full Payment is received.

5. NOTIFICATION

The Customer must notify AID in writing within seven (7) days of:-

- (i) The issue of any legal proceedings against the Customer
- (ii) The appointment of any provisional liquidator, liquidator, receiver, receiver manager or administrator to the Customer
- (iii) Any alteration of the name or change in the ownership of the business name of the Customer. The Customer agrees that it shall be liable to AID for all Goods supplied to the new owner by AID until notice of any such change is received.

6. LIABILITY

Any expenses, costs or disbursements incurred by the supplier in recovering any outstanding monies, including debt collection agency fees and solicitors costs, shall be paid by the customer.

I have read the above and agree to the above conditions

Director / Owner Signature _____ Date _____

Director / Owner Full Name _____

Trading Name _____ Company Name _____



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PERSONAL GUARANTEE MUST BE COMPLETED – SEE BELOW

DECLARATION

I / We the said _____ and _____
(Director/Owner's Full Name) (Director/Owner's Full Name)

Company Director(s) or operator(s) in consideration of the Creditor granting credit to

_____ HEREBY INDIVIDUALLY AND JOINTLY irrevocably guarantee the
(Company Name)

Creditor the due payment of all debts to be paid by the Debtor and it is AGREED that this guarantee shall be a continuing guarantee and shall not in any way be waived or affected by time or indulgence granted by the Creditor and that the foregoing guarantee will not be cancelled or waived by the appointment of a receiver or manager to or winding up of the company.

Date _____

Director / Owner Signature _____

Print Full Name _____

Witness Full Name _____

Witness Position _____

Witness Signature _____

Witness Address _____

Date _____

Director / Owner Signature _____

Print Full Name _____

Witness Full Name _____

Witness Position _____

Witness Signature _____

Witness Address _____

Clause: Please seek separate legal advice before signing this guarantee.