

Application for New Trading Account

CREDIT APPLICATION FORM

Full Name of Company / Business: _____

Trading Name: _____

Trading Since: _____

ABN No. _____

ACN No. _____

Trading Address _____ Postcode _____

Postal Address _____ Postcode _____

Bus. Phone Number () _____

Name of Principal Accounts Contact _____

Title _____ Email _____

Direct Phone Number () _____ Mobile Phone Number _____

Directors / Proprietors (must be completed by all parties)

Name _____

Home Address _____

Date of Birth _____

Name _____

Home Address _____

Date of Birth _____

Name _____

Home Address _____

Date of Birth _____

By signing this form I/we have read, fully understand and accept the Terms and Conditions of the Carriers Access Agreement that forms a part of this application set out by Victoria International Container Terminal Limited (VICT). Note: for your application to proceed, the attached Credit Disclosure document must be signed and accompany this application. Both documents need to be signed by an Authorised Representative of your organisation.

Victoria International Container Terminal (VICT) agree to supply services to the aforementioned business on the condition that I/we agree to jointly and severally personally guarantee the performance of all obligations and payment of debt incurred by the aforementioned business.

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This is a binding and irrevocable guarantee for all monies owed by the aforementioned business whether or not the obligation or debt arose or arises in this or an earlier or later financial period, and whether or not such obligation or debt is guaranteed by another person or persons.

I/We understand that under part IIIA of the Privacy Act 1988 (Cth), VICT is allowed to give a credit reporting agency personal information about your Credit Application. This relates to both the business and the guarantors. The information which may be given to an agency is covered by Part IIIA of the Act and includes:

- Identity Particulars (such as full name, including any known aliases, gender and date of birth);
- A maximum of 3 addresses consisting of a current or last known address and two immediately previous addresses;
- The fact that I/we have applied for credit and the amount;
- The fact that VICT is a current credit provider to me/us;
- Payments which become overdue more than sixty days and for which collection has commenced;
- Advice that payments are no longer overdue;
- In specified circumstances, that in the opinion of VICT I/we have committed a serious credit infringement.
- That credit provided to me/us by VICT has been paid or otherwise discharged.

If VICT considers it relevant to assessing my/our application for Commercial Credit, I/we agree to VICT obtaining credit report from a credit reporting agency containing personal credit information about me/us in relation to commercial credit provided by VICT.

If VICT considers it relevant to collecting overdue payments in respect of commercial credit provided to me/us, I/we agree to VICT receiving from a credit reporting agency a credit report containing personal information about me/us in relation to collecting overdue payments.

I/We agree that VICT may give to and seek from any credit providers named in this Credit Application and any credit providers that may be named in a credit report issued by a credit reporting agency information 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 that credit providers are allowed to give or receive from each other under the Privacy Act.

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

- To assess an application by me/us for credit, and I/we acknowledge that this document applies to us as individuals, and, if applicable, as Directors and Shareholders of the applicant, if a company;
- To notify other credit providers of a default by me/us, and for that purpose may provide such information to credit reporting or listing agencies;
- To exchange information with other credit providers as to the status of this loan where I am in default with other credit providers; and
- To assess my/our credit worthiness.

Trade References (3 required)

Name _____

Company Address _____

Contact _____

Phone Number _____

Name _____

Company Address _____

Contact _____

Phone Number _____

Name _____

Company Address _____

Contact _____

Phone Number _____

Credit Limit Required

Estimated Monthly Spend

\$_____ Including GST

OR

Estimated Container Movement per Month

Full Import/Exports _____

Empty Import/Exports _____

Empty Stack Runs _____

Terms are Strictly 30 days from date of invoice and subject to change if not adhered to.

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To be signed by all liable parties:

Name (please print)	Title
Signature	Date
Name (please print)	Title
Signature	Date
Name (please print)	Title
Signature	Date

NOTE: The person or persons who sign this Guarantee must be a Director, Secretary or Shareholder of the business. A Manager is NOT an acceptable Signatory.