



Production and Sales of Goods, Products and Services from Prison Industries – Appendix 1

Confidential
Credit Account Application

I / We make application on my / our/ the company's behalf to open a Credit Account with Department of Corrective Services, Prison Industries for the supply of products and services on credit.

Please tick one Private Company Public Company
 Partnership Sole Trader

1. Particulars of Application

Name of Applicant _____

Trading name _____

Delivery address _____

Postal address _____

Contact for accounts _____

Contact for purchases _____

Business phone () After Hours ()

Fax number ()

Invoice with goods Yes No

Nature of business _____

ABN: _____ How Long Established? _____

Applicant is subsidiary / division of _____

Business premises Owned Rented Buying Leased

Owned property value \$ _____ Value of plant and equipment \$ _____

Mortgages \$ _____ Less lease or hire purchase _____

If Private Company

Registered office address _____

Incorporate date _____

Nominal capital \$ _____ Paid-up capital \$ _____

2. Names and addresses of Directors / Partners / Sole Trader

First Name Surname Private Address

- 1. _____
- 2. _____
- 3. _____
- 4. _____

3. Please indicate whether the company is trustee for any trust which will be associated with trading Yes No

If Yes State full name of Trust _____

4. Trading bank details

Bank name _____ Branch _____

BSB _____ Bank account no _____

5. Credit limit requested \$ _____

6. Trade references

Name Address Phone \$ Purchases

7. Terms and conditions

Terms agreed by both parties are:

- 1. Payment 30 days net from date of invoice.
- 2. Interest will be charged at 1% per month on all accounts exceeding trading terms.
- 3. It is warranted that the matters set out in the application are true and correct in every detail.

I / We agree with the terms and conditions of this application.

Signature of authorised person: _____

Date _____

Print Name and Position: _____

8. Prison providing service

Comment: _____

Signature of Authorised Person _____

Date _____

Print Name and Position: _____

Department of Corrective Services Office Use Only

Approved/Not Approved signed: _____ Date: / /

Manager Prison Industries

Post completed form to:

Manager Prison Industries
Department of Corrective Services
Locked Bag 22
CLOISTERS SQUARE WA 6850