



DISTRIBUTOR ACCOUNT APPLICATION

A NEW FORCE IN CHEMICAL MANUFACTURING

AEROSOLS | WELDING CHEMICALS | ADHESIVES & THREADLOCKERS | ANTI-SEIZE & GREASES | CLEANING CHEMICALS & SOLVENTS | ELECTRICAL & ELECTRONICS

				Name of Company applying for a trading account (hereinafter referred to as 'the Company')	
ABN		DATED THIS		DAY OF	
					IN THE YEAR

It is hereby declared that the undersigned signatories, as given full authorisation by the Company, wish to, on behalf of the Company, open a Trading Account, also known as a 'Distributor Account' with Chemtools Pty Ltd (ABN 12 114 400 083). The information supplied on this form is deemed to be true and correct as at the date of signing.

In consideration of this application the Company is aware that;

- (a) Chemtools ships packing slips with the goods
- (b) the original invoice is emailed, and
- (c) Chemtools sends the Company a statement of purchases following the end of each month, and, in turn, the Company agrees to settle any outstanding debt within thirty days (30) of the date as shown on the statement.

The undersigned, as authorised representatives of the Company, are heretofore aware that the Managing Director of Chemtools must be advised personally by the undersigned, as soon as is practicable, of any changes to;

- (a) ownership of the Company, or
- (b) the Company's financial status which could affect its ability to repay Chemtools any and all outstanding debt within the agreed period

If the Company fails to repay its debt to Chemtools within the agreed period, Chemtools reserves the right to repossess such unpaid goods from the Company.

AGREEMENT TO TRADE CONDITIONS

We, the undersigned, acknowledge that we have read and understood the above trade conditions and will ensure that the Company adheres to the terms and conditions as outlined in full in Chemtools *Terms and Conditions of Sale* upon approval of this Distributor (Trading) Account Application.

Authorised Signatory 1	X
Full Name	
Position	

Authorised Signatory 2	X
Full Name	
Position	

Company Address					
Delivery Address					
Telephone		Fax		Email	

Sales Manager/Director		Phone	
Accounts Head/Manager		Phone	
Purchasing Head/Manager		Phone	

Number of years operating under this Company name:		Number of years at the above address:	
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Please provide the names of 3 companies you have traded with previously, or trade currently with.

REFERENCE 1	Company Name		Email	
REFERENCE 2	Company Name		Email	
REFERENCE 3	Company Name		Email	