



ACCOUNT APPLICATION FORM

Applicant

Applicant Name		ABN	
Trading as			
Address			
Postal Address			
Delivery Address			
Business Tel No.		Mobile Number	
Facsimile No.		Contact Person	
Email Address			

Directors / Proprietors

Name	Address	DOB	Drivers Lic:

Business Trade References

Business Name	Account No	Contact Person Name	Contact tel. no

Business History

Years operating		Annual Sales	\$
Accountant Name			
Address			
Contact Person		Tel No.	

Account Information

Bank Name		Account Name			
BSB Number		Account Number			
CREDIT CARD PAYMENT AUTHORITY					
Card Name			Card Number		
Expiry Date			Signature		
Estimated Monthly Purchases	\$		Account Terms	7 Days	30 days
Payment by	Cheque	Direct Bank Transfer	Direct Debit	Other	

Applicant hereby applies to STAREAST International Pty Limited (STAREAST) for Credit Account terms for payment for goods purchased from STAREAST on the STAREAST Standard Terms and Conditions of Business. Applicant authorises STAREAST to contact referees and other persons named above to obtain financial information for the purposes of assessing the application. The Applicant warrants the information herein is true and correct.

Account Applicant Name:	X _____
Name of Signatory	
Date	

OFFICE USE ONLY

REP CODE		CUSTOMER CODE	
CR LIMITE APPROVED	\$	BPAY NUMBER	



PRIVACY ACT CONSENTS AND AUTHORITIES

STAREAST and a Consumer or Commercial Credit Reporting Agency

To the extent allowed by the Privacy Act and Credit Reporting Code of Practice, I give to STAREAST and its related companies consents as follows:

- To obtain from or provide to any consumer or commercial credit reporting agency information about me for the purpose of: assessing my application; collecting any overdue payments from me; keeping my information file accurate and up to date; for internal management of my account; to assist me to avoid a default; or for any purpose authorised or required by law.
- To give a credit reporting agency information including: identifying particulars; that I have applied for credit and the amount; that STAREAST is a credit provider to me; my credit worthiness and credit standing; that payments are overdue more than 60 days which are under collection action and that these payments are no longer overdue; if I have committed a serious credit infringement; and that cheques of more than \$100 drawn by me that have been dishonoured more than once.

STAREAST and another Credit Provider

I consent to STAREAST obtaining information about me from, or providing that information to, another credit provider for the purpose of assisting STAREAST or the other credit provider in assessing any credit application by me, or in administering or enforcing my account with STAREAST or the other credit provider.

Authorities

I authorise my accountant to release and disclose to STAREAST or its agents my financial information; and I authorise each government authority holding drivers licensing and/or motor vehicle registration information to provide my address details to STAREAST or STAREAST's authorised agents.

Continuing Consents and Authorities

Each of the consents and authorities given in this form continue until my credit is repaid.

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APPLICANT	FAMILY NAME	FULL FIRST NAMES	SIGNATURE	DATE
.....
CO-APPLICANT	FAMILY NAME	FULL FIRST NAMES	SIGNATURE	DATE

The above section must be signed for VEDA check together with page 1

GUARANTORS

Guarantors

I consent and authorise STAREAST to give and receive personal information about me to assess me as a Guarantor for this credit application and each of these consents and authorities continue until the Applicant's credit is repaid.

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GUARANTOR	FAMILY NAME	FULL FIRST NAMES	SIGNATURE	DATE
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