

## Customer credit account application form

### Company Details

Company Name	
ABN/ACN	
Address	
Postal Address (if different)	
Contact Person	
Contact Email	
Contact Number	
Business Structure	Company <input type="checkbox"/> Partnership <input type="checkbox"/> Soletrader <input type="checkbox"/> Governement <input type="checkbox"/>

### Company Principles

Principle Name 1	
Position	
Phone and email	
Principle Name 2	
Position	
Phone and email	

### Invoicing Details

Accounts contact	
Email for invoices	
Registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please email all remittance and/or financial queries to:

[finance@momentumht.com.au](mailto:finance@momentumht.com.au)



## Trading Terms

1. Payment terms for this credit account is 14 days unless otherwise agreed.
2. In the event of non-payment of invoices Momentum Health Technologies may, at its discretion, suspend trading on the credit account.
3. Late payment may, at the discretion of Momentum Health Technologies, incur interest charges at a rate of 11% pa. calculated daily.
4. Changes to the information on this form will be notified to Momentum via email to [info@momentumht.com.au](mailto:info@momentumht.com.au)

By signing the below, the applying company and its directors/delegates agree:

1. That the information contained within this document is true and correct.
2. To inform Momentum Health Technologies within 48hrs of any change in the ownership, trading status, trading address or other financial details.
3. To pay, when due, all invoices from Momentum Health Technologies Pty Ltd.
4. That in the event of default of payment the directors/delegates shall be personally liable for all outstanding invoices and all costs of collection, including legal costs.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_