

Account Facility Application

NOTE:

1. Applications will only be considered if all relevant details are completed and the applications are signed.
2. Account Payment Terms are Strictly 30 days from issue date on monthly statements. Failure to pay on time will result in immediate suspension of the account and at MPM's discretion may result in the account facility being terminated and all necessary action taken to recover any outstanding debt.
3. All information collected by this application is subject to MPM Access and Hires Privacy statement, a copy of which can be found on the MPM Access and Hire website.

All applicants to complete the following:

Trading Name (In Full)

Company / Sole Trader / Partnership / Other

ABN

Main Phone Number

Main Fax Number

Main Email

Main Contact Name

Mobile

Email

Accounts Payable Contact Name:

Phone Number:

Email:

Business Street Address

Postal Address

Number of Years Trading

Number of Employees

Credit Limit Requested (A \$5000 limit is normal)

Trade References

Company	Name	Phone	Email

MPM CREDIT DEPARTMENT USE

TERRITORY	SALESPERSON	MOBILE
CODE	CREDIT LIMIT	CREDIT MANAGER



ABN: 63 135 522 379
Unit 7 453-455 Victoria St Wetherill NSW 2164
PO BOX 6650 Wetherill Park NSW 2164
Tel: 1300 720 543
Fax: 1300720542
Web: mpmah.com.au
Email: accounts@mpmah.com.au

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COMPANIES TO COMPLETE

COMPANY NAME (If different from trading name)

ACN

Director

Surname

First Name

Residential Address

Mobile Phone

Email

Director / Secretary

Surname

First Name

Residential Address

Mobile Phone

Email

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SOLE TRADER/PARTNERSHIP TO COMPLETE

PARTNER ONE

Surname

First Name

Residential Address

Phone

Mobile

Email

Drivers Licence number

Date of Birth on Licence

State of Issue

PARTNER TWO

Surname

First Name

Residential Address

Phone

Mobile

Email

Drivers Licence number

Date of Birth on Licence

State of Issue



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APPLICANT'S DECLARATION

I declare that:

1. I have read and understood the Hire Agreement and have signed the associated Customer Acknowledgment to enter into the hire Agreement with MPM.
2. I acknowledge that the credit terms of this Account Facility are strictly 30 days from the date on monthly statements. I acknowledge Failure to pay within the terms will result in immediate suspension of the account and at MPM's discretion may result in the account facility being terminated and all necessary action taken to recover any outstanding debt.
3. I understand the Hire Agreement and / or the Account Term and Conditions may be changed from time to time and that I will be notified of any changes by written notice mailed to the postal address specified in the Application or such other address notified to MPM in writing.
4. I understand that if this Application is approved, the Account Facility may be cancelled at any time without prior notice to me.
5. The information I have provided is true and correct in every detail.
6. The Account Facility will be used wholly or predominately for business purposes; and
7. I am authorised to sign this application on behalf of: _____
Business / Company Name

Authorised Name _____
(Block Letters)

Title _____

Authorised Signature _____ Date/...../.....

Authorised Name _____
(Block Letters)

Title _____

Authorised Signature _____ Date/...../.....

Witness Name _____
(Block Letters)

Address _____

Authorised Signature _____ Date/...../.....

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Where did you hear about MPM Access and Hire?

- Google Search
- Word of mouth
- Machines 4 U Website
- Yellow Pages
- Seeing our machines out and about
- Driving past our yard
- Other _____