



The Next Generation in Dictation and Office Communication

Application for a VoiceX Communications Pty Ltd Trading Account

Please note: The persons signing this form will be held personally liable under the Trade Practices Act if the information provided is false or misleading.

THE APPLICANT IS A
COMPANY / PARTNERSHIP / SOLE TRADER / TRUSTEE
GOVERNMENT DEPARTMENT / OTHER

Date: _____

Applicants Details:

Name of Applicant: _____
Applicant's ABN (if any): _____
Trading Name: _____
Phone Number: _____
Fax Number: _____
Street Address: _____
Postal Address: _____
Address for Deliveries: _____

Business History:

Nature of Applicants
Business: _____
Years in the Business (If less
Than 2, details of previous
Business must be provided): _____
Are premises owned or leased?: _____

Credit History:

Government Departments and Public Companies need
not complete this section.

Bank: _____
Branch: _____
Contact: _____
Branch Address: _____
Phone: _____

PERTH OFFICE
Suite 8, Office 9
567 Newcastle Street
WEST PERTH WA 6005

Tel: 08 9328 8971
Fax: 08 9328 7420

1300 551 778
www.voicex.com.au
info@voicex.com.au

ABN: 98 728 171 911

MELBOURNE OFFICE
Level 27, Rialto Tower South
525 Collins Street
MELBOURNE VIC 3000

Tel: 03 9593 9233
Fax: 03 9593 9255



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Trade References: The applicant authorises VoiceX Communications Pty Ltd to:

- a) Obtain a credit report about the applicant from the Credit Reference Association of Australia, and
- b) Make enquiries about the applicants credit worthiness from the following referees, with each of which the applicant has regular, bona fide business dealings, and which are not controlled by the applicant, its directors or shareholders:

1. Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 Contact: _____

2. Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 Contact: _____

3. Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 Contact: _____

Persons Controlling the Applicant: Complete this section if the Applicant is a Proprietary Limited Company, a Partnership or Sole Trader. Insert the details of all directors, partners or owner of the Applicant.

Full Name	Residential Address	Date of Birth	Licence Number

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Trading Account Conditions: The Applicant:

- 1) Offers to open a trading account with VoiceX Communications Pty Ltd;
- 2) Agrees it will pay all invoices for goods or services ordered within 30 days of the date of the invoice, and interest of 2% per month on any amounts not paid when due;
- 3) Agrees the account may be terminated by VoiceX Communications Pty Ltd at any time for any reason, and
- 4) Declares that the above is true and correct

Signed for and on behalf of the Applicant by: _____

Name and position of signatory:

Contract and Guarantee by Directors of a Pty Ltd Company

The undersigned director (s) of the Applicant Company:

- 1) Declare that the above information is true and correct;
- 2) Request VoiceX Communications Pty Ltd to open a trading account for the Applicant; and in return for VoiceX Communications Pty Ltd opening the trading account:
- 3) Warrant that the director(s) will notify VoiceX Communications Pty Ltd immediately if the Applicant is unable to pay for goods or services ordered, and will cause the applicant's business to be managed so that all invoices are paid when due;
- 4) Guaranteed jointly and severally that the director(s) will pay any invoice which the Applicant fails to pay; and
- 5) Agree that the guarantee in clause 4 is a continuing guarantee which will not be discharged or affected by:
 - a) The failure of one or more directors of the Applicant to sign this Contract and Guarantee or to remain as a guarantor;
 - b) Any omission by VoiceX Communications Pty Ltd to notify the director(s) of any failure by the Applicant to pay;
 - c) The termination of the trading account;
 - d) Any time or indulgence granted to the Applicant; or
 - e) The Applicant's credit limit being exceeded; provided that the liability of the director(s) under the guarantee shall not exceed the limit set out in this form.

Date: _____

Director of the Applicant: _____

Print Name: _____

Director of the Applicant: _____

Print Name: _____