



CLIENT AUTHORITY TO ACT

Company Name _____

Trading As _____

Contact Name _____

Second Contact _____

Physical Address _____

Postal Address _____

Phone _____ Fax _____

Mobile _____

Email Address _____

Company Number _____ REGN Date _____

Type of Business _____

Limited Liability (please tick) Yes No

Bank Account Details _____

Accountant _____ Contact Name _____

Phone _____ Fax _____

Solicitor _____ Contact Name _____

Phone _____ Fax _____

I / We being and signature of the above company have read and understood the Terms and Conditions of Credit Management Australasia as supplied. The Client appoints AUSCML to carry out its instructions in the relation to its services from time to time in accordance with the Standard Terms and Conditions of Service and charges therein.

Executed as a Deed this _____ day in the month of _____ in the year _____

Signed for and behalf of Client _____ Signed for and behalf of AUSCML _____

Signature _____ Signature _____

Print Name _____ Print Name _____

Position Held _____ Position Held _____