



## CREDIT ACCOUNT APPLICATION FORM

Woolworths Group Limited respects your privacy. We will only use your personal information to manage your Account. If this information is not provided, we might not be able to process your application. For a copy of our Privacy Policy visit [www.woolworths.com.au](http://www.woolworths.com.au)

Please tick the Type of application:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Ltd Company     | <input type="checkbox"/> Personal                | <input type="checkbox"/> Government |
| <input type="checkbox"/> Pty Ltd Company | <input type="checkbox"/> Remote Customer         | <input type="checkbox"/> School     |
| <input type="checkbox"/> Charity         | <input type="checkbox"/> Non Profit Organisation | <input type="checkbox"/> Private    |
| <input type="checkbox"/> Sole Trader     | <input type="checkbox"/> Club                    | <input type="checkbox"/>            |

### **BUSINESS DETAILS**

### **DATE OF APPLICATION**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Customer /  
Department Name

\_\_\_\_\_

Trading As

\_\_\_\_\_

A.C.N./A.B.N

\_\_\_\_\_/\_\_\_\_\_

Business/Residential  
Address

(Street Name and Number)

\_\_\_\_\_  
(Town/City/Suburb)

(State)

(Postcode)

\_\_\_\_Yrs \_\_\_\_Mths  
Time at this address

Postal Address:

(If different from above)

(PO Box and Number)

(State)

(Postcode)

Business Hours Contact Details:

Phone Numbers

(\_\_\_\_)  
(Phone)

(Mobile)

Email Address

\_\_\_\_\_

Type of Business  
(if applicable)

\_\_\_\_\_ Date commenced \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Person Responsible for account enquiries

\_\_\_\_\_

Phone

(\_\_\_\_)

\_\_\_\_\_

Job Title

\_\_\_\_\_

Name of Finance Manager/Controller

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone

(\_\_\_\_)

\_\_\_\_\_

Please provide e-mail address to receive statements and correspondence

Email:

### **TRUST DETAILS (if applicable) (Please supply supporting documents - first and last page of Trust Deeds)**

Full Name of TRUST(S)

\_\_\_\_\_

Date Created

\_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Trust

\_\_\_\_\_

**Account Number**

(Office use only)

**DIRECTORS/COMMITTEE GUARANTEE**

DO NOT COMPLETE THIS SECTION IF APPLICATION IS FOR A GOVERNMENT DEPARTMENT &amp; PUBLIC COMPANY

Full Names of all Directors/Committee Members	Residential Address
1.	<hr/>
2.	<hr/>
3.	<hr/>

I/We the above named Directors/Sole Trader/Committee Members/Personal account holder hereby unconditionally and irrevocably agree to guarantee all debts incurred by the applicant company. As such I/we hereby agree to accept personal responsibility for payment of such debts in the case of payment default by the company.

1. Signed	Name of Witness X / / Signature of Witness Date
2. Signed	Name of Witness X / / Signature of Witness Date
3. Signed	Name of Witness X / / Signature of Witness Date

**PERSONAL DETAILS OF APPLICANT(S)**

Applicant 1		
Name: _____ (Surname)	_____ (First Name)	_____ (Middle Name)
Drivers Licence No : _____	Date of Birth : _____	Phone No :( __ ) _____
Employers Name : _____	Time in Position _____ / _____ Mths Yrs	
Applicant 2		
Name: _____ (Surname)	_____ (First Name)	_____ (Middle Name)
Drivers Licence No : _____	Date of Birth : _____	Phone No :( __ ) _____
Employers Name : _____	Time in Position _____ / _____ Mths Yrs	

**Account Number**\_\_\_\_\_  
(Office use only)

**APPLICANTS CONSENT AND AUTHORISATION – PRIVACY ACT 1988 AS AMENDED**

1. I/We acknowledge that Woolworths Group Limited and/or Woolworths Group Limited trading as Woolworths Supermarkets ("Woolworths") have informed me/us, in accordance with Section 18E (8) (c) of the Act, that certain items of personal information about me/us contained in this application for a thirty day credit account and permitted to be kept on a credit information file might be disclosed to a credit reporting agency.
2. I/We hereby authorise and consent to:-
  - (a) Woolworths obtaining a credit report from or prepared by a credit reporting agency for the purpose of assessing this application for a thirty day credit account or for the purpose of any debt recovery proceedings;
  - (b) Woolworths, in accordance with Section 18E (1) (b) of the Act, to exchange personal information with another credit agency provided about me/us for the purpose of assessing this application for a thirty-day credit account or for the purpose of any debt recovery proceedings;
  - (c) Woolworths obtaining a reference from another credit provider about me/us for the purpose of assessing this application for a thirty-day credit account or for the purpose of any debt recovery proceedings.

Signed : \_\_\_\_\_

Signed : \_\_\_\_\_

Full Name : \_\_\_\_\_

Full Name : \_\_\_\_\_

**TRADE REFERENCES (Please supply three)**

	Name of Business	Type of Business	Phone Number
1.			
2.			
3.			

Please ensure named references are able to supply details of your account with them.

**Account Number**\_\_\_\_\_  
(Office use only)

## **PURCHASE DETAILS**

Woolworths Stores from where you wish to make purchases;

	Store Name	Street Address	Suburb	State
1.				
2.				
3.				
4.				
5.				
6.				

For what purpose do you intend to purchase these goods?

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Please indicate the <b>WEEKLY</b> purchase value you intend spending on this account:	\$
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**COMPLETE IF FOR PURCHASE ORDER ACCOUNT**

Please provide a sample copy of your purchase order and complete the section below with the authorised signatures.

**Permission to Authorise Purchase Orders**

Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____

☐

Yes

Sample of your Purchase order attached.

**COMPLETE IF FOR A SIGNATURE ACCOUNT**

Please provide list of authorised persons to make purchases on this account.

**Name of Purchaser authorised to sign on account at Woolworths Store**

Name: _____	Signature: _____
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\_\_\_\_\_  
Name of Witness\_\_\_\_\_  
Job Title\_\_\_\_\_  
Signature

Name: _____	Signature: _____
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\_\_\_\_\_  
Name of Witness\_\_\_\_\_  
Job Title\_\_\_\_\_  
Signature

Name: _____	Signature: _____
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\_\_\_\_\_  
Name of Witness\_\_\_\_\_  
Job Title\_\_\_\_\_  
Signature

Name: _____	Signature: _____
-------------	------------------

\_\_\_\_\_  
Name of Witness\_\_\_\_\_  
Job Title\_\_\_\_\_  
Signature**Account Number**\_\_\_\_\_  
(Office use only)

DATE:

/ /

## Direct Debit Authority

I/We request you, Woolworths Group Limited (User ID **317125**) to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

<b>Customer Name:</b>		
<b>Address:</b>		
<b>Signatures:</b>		/ /
		/ /

If debiting from a joint bank account, both signatures are required

<b>Name and Branch of Financial Institution:</b>																		
<b>Address of Financial Institution:</b>																		
<b>BSB:</b>				-				<b>Account Number:</b>								-		
<p>Commencing on ____/____/____ and continuing on the 15th day of every month.</p> <p>N.B. Please ensure you have read, signed and returned the attached Direct Debit Request Service agreement.</p> <p>Direct Debits will appear with the reference "WOW direct debit followed by 18 digit reference number" on your bank statement once deducted.</p>																		

**PLEASE ENSURE A DEPOSIT SLIP OR DETAILS OF YOUR ACCOUNT ON BANK LETTERHEAD ACCOMPANIES THIS FORM**

Account Number

(Office use only)

## **SERVICE AGREEMENT**

### **Customer Direct Debit Request Service Agreement**

#### **Our commitment to you**

This document outlines our service commitment to you in respect of the Direct Debit Request (DDR) arrangement made between Woolworths Group Limited (User 317125) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

#### **Terms of the arrangement**

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for purchases made within our stores or for rent, electricity or other charges relating to our tenancy of Woolworth's properties.

#### **Drawing Arrangements**

The first payment under this Direct Debit arrangement will occur on the 15<sup>th</sup> day of the month following the statement being issued and will continue as such, when a balance is due, monthly.

If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.

We will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. This notice may state a new amount, frequency, next drawing date, etc and any other changes to these terms.

#### **Your rights**

#### **Changes to the arrangement**

If you want to make changes to the drawing arrangements, contact us on (03) 6245 6600 (select Option 2) during business hours or via email [ar@woolworths.com.au](mailto:ar@woolworths.com.au). These changes may include:-

- Deferring the drawing; or
- Altering the schedule; or
- Stopping an individual debit; or
- Suspending the DDR; or
- Cancelling the DDR completely.

#### **Enquiries**

Direct all enquiries to us, rather than to your financial institution, at least five working days prior to the next schedule drawing date. All communication addressed to us should include your customer account number (six digit number) and any other details which will assist us in responding to your enquiry.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account or upon the receipt of an official court order.

#### **Disputes**

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting Woolworths Finance Shared Services - Hobart on (03) 6245 6600 (select Option 2) during business hours.

If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:

- Within 5 business days (for claims lodged within 12 months of the disputed drawing); or
- Within 30 business days (for claims lodged more than 12 months after the disputed drawing).

You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

#### **Your commitment to us**

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this); and
- That on the drawing date there is sufficient funds in the nominated account; and
- That you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, payment of the outstanding amount will be required within seven days of us contacting you. Failure to pay may result in cancellation of your credit account facilities and/or your contact with us. Any transaction fees payable by us for any costs incurred by us in respect of the above will be charged to your account.

<b>Name:</b>		<b>Title:</b>	
<b>Signed:</b>		<b>Date:</b>	

## TERMS AND CONDITIONS

- 1) All accounts are payable within TEN (10) days of statement being issued, or as arranged and confirmed in writing by the Company.
- 2) The applicant is not entitled to any credit facilities until the applicant receives notice in writing from the Company stating that credit facilities have been granted. Until the applicant receives such notice in writing from the Company, any goods that are supplied by the Company to the applicant shall be on the basis of cash upon delivery.
- 3) When purchases are made at the nominated Woolworths supermarket(s) the Account Number indicated on the letter of approval of credit MUST be advised to store personnel at the time of purchase. Customers that do not provide their account number will not be granted access to purchase on the credit account.
- 4) It is the applicant's responsibility to make sure all invoices received at the point of purchase are passed onto the accounts payable area within your business for payment. Invoice copies will be supplied, however, a standard fee may be charged to your credit account at the standard rate.
- 5) The Company may withdraw credit facilities at any time without notice.
- 6) The Company may change the terms of this agreement, including the rate of finance charge, at any time upon 30 days notice of such change.
- 7) Should there be any variation to any of the information supplied by the applicant in this application or in the structure of the applicant's address (such as a conversion to or from a company or trust), the Company shall forthwith be notified in writing. Unless notification of such variation or change is given, the original applicant and those persons who signed as guarantors on the application form shall remain liable to the Company as though any goods or services by the Company were supplied to the original applicant.
- 8) Where the applicant is a trustee:
  - a) The applicant agrees to produce a stamped copy of the trust deed (with all amendments) if and when requested by the company, and
  - b) The applicant warrants that it has full power and authority for the benefit purposes and objects of the trust to make this application on behalf of the trust and that applicant shall be bound by the terms of this application and be liable for payment of all monies to the Company both personally and as trustee.
  - c) The applicant declares that all the above information is true and correct in every particular and is aware that the Company will rely upon the correctness of the representations and information contained herein in granting credit facilities and any transactions associated herewith or entered into pursuant thereto.
  - d) In consideration of the Company agreeing to grant credit facilities to the applicant if the applicant is a company:

*"We the undersigned Directors of the applicant do hereby jointly and severally guarantee payments of the applicant's account and all monies now and hereafter owed by the applicant to the company and agree to be bound by the terms and conditions contained in this application and that the Company may at all times act as if we were the principal debtors and we jointly and severally indemnify the Company and agree to keep the Company indemnified from and against all loss, damage and expenses suffered or incurred by the Company due to any breach, non-performance or non-observance by the applicant of any of the terms and conditions contained in this application. In the event of all directors of the applicant not signing this form, we signatories of this form will accept full liability under this guarantee and indemnity and agree, if requested, to execute the Company's standard form of guarantee and indemnity."*
- 9) The Company may request an unconditional bank guarantee/company extract (ASIC) Credit Report from the applicant prior to the granting of credit facilities.
- 10) This application is signed as a deed.
- 11) The applicant will indemnify the Company against and agree to reimburse it for any expenses it may incur in recovering or attempting to recover payment from the applicant of the amount which may from time to time be overdue. These costs include legal court, solicitors, debt collection agency commissions and fees.
- 12) The Company has the right to close the credit account should a period of three months lapse without any purchases made.

I have read and understand the terms and conditions.

Name		
Signed		
Position		
Phone		
Dated		

<b><u>Application Completed By:</u></b>	Name :	Date:        /        /
	Job Title:	Phone (        )

**Account Number**

\_\_\_\_\_  
(Office use only)