

Trading Name: _____

GOPP: _____

1.
2.
3.
4.

Print Name/s of additional persons receiving a GOPP Card and authorised to bill to this account

TERMS & CONDITIONS

- I/We the above named apply for credit and agree to the following Terms & Conditions
- That any change in the given trading address, legal entity, structure of management or control of the applicant will be advised to GOPP
- **Payment will be made within 20 days nett from the statement date.**
- That credit facilities may be withdrawn if payment is not received by the due date.
- We agree that we will be responsible for any fees associated with collection of outstanding amounts owing to GOPP
- Any changes to our authorised card holders will be advised to GOPP in writing

Dated ____/____/____

COMPANY

Signed for and on behalf of the Applicant pursuant to Section 127 of the Corporations Act 2001:

Director/Secretary

Print Authorised signature's full name

INDIVIDUAL / PARTNERSHIP

Authorised signature

Print Authorised signature's full name

