



KEMP AGENCIES

Phone: (02) 6621 8666
E-mail: office@kempagencies.com.au
Website: www.kempagencies.com.au

Address:
4 Avondale Ave
East Lismore NSW 2480

CASH TRADING ACCOUNT APPLICATION

CONTACT INFORMATION	
YOUR NAME	ADDRESS
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED		
REGISTERED BUSINESS NAME		
TRADING NAME		
ADDRESS	PHONE	
CITY	STATE	POSTCODE
DELIVERY ADDRESS:		
EMAIL FOR INVOICES / STATEMENTS AND ONLINE ORDERING:		
LENGTH OF TIME IN BUSINESS ____ YRS ____ MTHS REGISTERED FOR GST: Yes/No		
ABN:		ACN:
TYPE OF BUSINESS (please circle) SOLE PROPRIETOR PARTNERSHIP/TRUST CORPORATION OTHER		

PAYMENT METHOD: CREDIT CARD	
NAME ON CARD:	CARD TYPE: VISA / MASTERCARD
CARD NUMBER: / / /	
CCV:	EXP:
If you wish to pay by Direct Deposit, please contact the office on 02 6621 8666.	
*** All orders will be delivered once payment is received in full. ***	

CREDIT AGREEMENT

1. This Application is strictly for a **“Cash Trading Account”**. Payments for this account are to be made on invoice. All goods will be dispatched once receipt of payment has been received.
2. **A minimum \$35** order value is required for delivery.
3. **Deliveries** are within the city / town limits (please refer to our website for further information regarding delivery areas www.kempagencies.com.au)
4. **Returns:** No goods may be returned without prior authorisation by a Kemp Agencies Representative. A **Return Authorisation Form** **MUST** be completed and returned with goods. In the event that this form is not completed or sent with items, then no credit/return will be issued until completion of form is received and approved.
5. **Nonstock Items:** Non stocked/special order items ordered at Customers request **WILL NOT** be accepted for return unless stock is deemed to be damaged or defective.
6. **Returns/Claims:** Claims for damaged or defective goods or incorrect delivery must be made **within 7 days** of the date of invoice. Goods will remain at the customer’s risk until the goods are accepted/delivered to our warehouse.
7. **Change of Mind Returns:** Change of Mind Return claims must be made **within 7 days** of the date of invoice. All goods **MUST** remain in the original packaging unopened and unused. No goods will be accepted for return or credited if packaging is damaged/opened. A **15% restocking fee** for Change of Mind returns will be charged.
8. The Customer covenants that the information provided in this application is true and correct.
9. Orders are subject to the terms and conditions notified to the Customer from time to time.

I, _____ (Applicant Name) hereby acknowledge that I have read and understand the terms and conditions as outlined above in this agreement. I agree to accept all the terms and conditions listed in this Agreement.

Signature of Applicant

Dated

Director/ Owner/Executive Officer

I, _____ (Applicant Name) hereby acknowledge that I have read and understand the terms and conditions as outlined above in this agreement. I agree to accept all the terms and conditions listed in this Agreement.

Signature of Applicant

Dated

Director/Owner/Executive Officer