



Skyfuel Australia Pty Ltd  
ABN: 93 068 890 764  
PO Box 6006 The Oaks NSW 2570  
Telephone (02) 4657 1255  
Fax (02) 4657 2142  
Email: admin@skyfuel.com.au

## Application for Credit Account - Individual

Individual  Sole Trader  Partnership

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

Postal Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Previous Address Details (if less than 2 years): \_\_\_\_\_

### Details of Partners (if Partnership)

1. Full Name: \_\_\_\_\_ 2. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name and Branch of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Solicitor's Name and Address: \_\_\_\_\_

Accountant's Name and Address: \_\_\_\_\_

Estimated fuel usage per month (in litres): \_\_\_\_\_

Which refuelling facilities do you wish to use? (Please circle) Skyfuel Air BP World Fuel Services

Please let us know the details of your aircraft. If you would like to use your Carnet Card with a number of different aircraft, write "Various" in the registration field.

<u>Aircraft Registration</u>	<u>Type of Aircraft</u>	<u>Type of Fuel (Avgas or Jet)</u>

I have read and understand the Terms & Conditions of Trade of Skyfuel Australia Pty Limited which form part of and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be required in response to credit enquiries.

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



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## Guarantee Only

Credit Card Security Provided for Individual Credit Account

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

Postal Address: \_\_\_\_\_

I request and authorize Skyfuel Australia Pty Limited to arrange payment of any unpaid item owing on my account greater than thirty (30) days, by debiting my credit card account as described in the form below.

Please indicate card with an X

Visa

MasterCard

American Express

Card Number:

Expiry Date:

Security Code (if American Express):

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### CONDITIONS OF USE

1. The Buyer mentioned above agrees to make payment of the amount invoiced to them by the due date nominated on the invoice. Payment of the account can be made via cheque, direct deposit or credit card. If the invoiced amount remains unpaid reminder notices may be sent via email. You may also receive verbal reminders via telephone. If there is an unpaid amount owing on your account beyond thirty (30) days you agree and authorize Skyfuel Australia Pty Limited to charge this amount (and the relevant credit card surcharge) to your nominated credit card. Late fees may also be applicable.
2. This agreement shall be a continuing agreement and can only be altered or terminated by the Buyer submitting notice in writing of their intention to close their Credit Account with Skyfuel Australia Pty Limited.
3. The Buyer must ensure that there are cleared funds available on the nominated credit card and will contact Skyfuel Australia Pty Limited to advise of updated expiry dates or any changes to the nominated credit card.
5. The Seller will keep all information pertaining to the Buyer's nominated account private and confidential.
6. A credit card surcharge of 1.5% for Visa and MasterCard, and 2% for American Express, will be charged per transaction.

Cardholder's Full Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_\_