

Return Fax: (03) 52297030

**Testcom**

ABN: 84491089286

**To:** Hanouska **From:** James Hassett

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**Fax:** (02) 97014826 **Pages:** 2

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**Date:** 14/07/2003

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**Re:** Reseller Account Application **CC:**

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**Urgent**    **For Review**    **Please Comment**    **Please Reply**    **Please Recycle**

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Hanouska,

Following is page 3 of the application with the missing director's signature.

Regards,  
James Hassett  
JamesH@Testcom.com.au  
Fax: (03) 52297030

# New account credit and non-credit application



**Details of all proprietors or directors (COMPULSORY)**

If company – list all Directors. If partnership – list all Partners

1. Name: J. A. MASSETT Phone: 0417149647  
 Address: \_\_\_\_\_ State: VIC Postcode: 3220

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Trade references (REQUIRED IF APPLYING FOR CREDIT TERMS)**

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Ingram Micro Australia reserves the right to terminate without cause the customer's right to purchase products and services on credit or to vary the credit terms in respect of the customer. **The customer** consents to Ingram Micro Australia investigating the credit history of the customer through credit reporting agencies and other methods of sharing credit information.

The customer may be required to furnish Ingram Micro Australia with their audited/management financial statements.

**The customer's authorised representative (DIRECTOR/PROPRIETOR/PARTNER)**

Full name: \_\_\_\_\_ Full name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Change of ownership and address**

The customer agrees to notify Ingram Micro Australia of any change in ownership or address of its business as set forth herein by certified mail to your local Ingram Micro Australia office **OR return changes by fax to 02 9701 4826**

**Sydney**  
 145 Arthur Street  
 Flemington NSW 2140

**Brisbane**  
 25 Donkin Street  
 West End QLD 4101

**Melbourne**  
 Unit 3, 8 Anzed Court  
 Mulgrave VIC 3170

**Perth**  
 Unit 10, 7 King Edward Road  
 Osborne Park WA 6017