

**KANGAROO TRANSPORT INDUSTRIES (KTI)**

Aussietrans Pty Ltd T/As KTI ABN 67 008 125 522

Head Office (Adelaide): 112 Glenroy St ATHOL PARK SA 5012 Ph: (08) 8300 7300

Melbourne Office : 306 Abbotts Rd DANDENONG SOUTH VIC 3175 Ph: (03) 9793 7445

Perth Office: 38A Bannister Rd CANNINGVALE WA 6155 Ph: (08) 9455 7163

All Correspondence: PO Box 54, ENFIELD PLAZA SA 5085

Email: [accounts@kti.net.au](mailto:accounts@kti.net.au)**APPLICATION FOR CREDIT ACCOUNT***Please complete and return to our Sales Representative or [accounts@kti.net.au](mailto:accounts@kti.net.au)***COMPANY PARTICULARS**

Trading Name		Date of Application	
Legal Entity Name		ABN	
Parent Company		ACN	
Industry / Business		Date Incorporated	
Address		Est. Wkly Trading\$	
Postal	Suburb	State	Post Code
Physical			

**TRADE REFERENCES** (Please supply 3)

Company Name	Contact Name	Phone	Email Address

**COMPANY CONTACTS***Please indicate if the Email address is relevant for Invoicing - a Minimum on ONE must be flagged***COMPANY DIRECTORS / OWNERS**

Name	Title/Role	
Phone	Mobile	Email

☐ Requires invoice**TRANSPORT / OPERATIONS**

Name	Title/Role	
Phone	Mobile	Email

☐ Requires invoice**ACCOUNTS / INVOICING**

Name	Title/Role	
Phone	Mobile	Email

☐ Requires invoice**OTHER CONTACT**

Name	Title/Role	
Phone	Mobile	Email

☐ Requires invoice

I/We hereby apply for a credit account with Aussietrans Pty Ltd T/As Kangaroo Transport Industries (K.T.I.). I have read and agree to abide by the Terms & Conditions of Cartage and Storage (available for download and perusal from [www.kti.net.au](http://www.kti.net.au)). I acknowledge that these terms and conditions override any generic Consignment Note which may be used for Goods carried and that all future dealings between KTI and the Customer will be conducted in accordance with the terms of these documents. I agree to abide by KTI's trading terms; strictly fourteen (14) days NETT from date of invoice unless a prior arrangement has been made with KTI Management. I fully understand that K.T.I. reserves the right to withdraw credit facilities and charge collection expenses should the terms of the account not be met. Any account not paid within the arranged term incurs a 2½% monthly charge.

**Signed by Director / Authorised Personal**

NAME (Print)	SIGNATURE	POSITION	DATE
--------------	-----------	----------	------



## ACCOUNT APPLICATION – ACCOUNT REQUIREMENTS

CUSTOMER TRADING NAME:

### SCOPE

Freight Requirements / Anticipated Volumes *(Please provide a Summary of freight Requirements)*

Service Difficulties with current/previous provider *(Comment)*

### ELECTRONIC INTERFACE

**ONLINE BOOKINGS** *(Please Specify User Names – At least one is required – if password not provided, one will be created and advised)*

User Name		Password	
User Name		Password	
User Name		Password	

**Electronic Data Interfacing (EDI)** *(IT Contact Required if EDI requires to be setup)*

☐ EDI NOT REQUIRED *(FLAG if not required)*

EDI Contact Name		Email	
------------------	--	-------	--

### COMMUNICATION

**FUEL LEVY** *(Please provide Contact for Monthly advice of Fuel Levy changes – At least one is required)*

F/L Contact Name		Email	
F/L Contact Name		Email	

**GENERAL SERVICE ADVICE** *(Please provide Contact for any General Service Issues/Announcements – At least one is required)*

Gen. Contact Name		Email	
Gen. Contact Name		Email	

### OTHER SPECIFICS

#### PALLET REQUIREMENTS

Advise if Pallets will be Transferred or Exchanged for Chep/Loscam *(Flag/Advise all necessary)*

- ☐ EXCHANGE    ☐ CHEP  
☐ TRANSFER    ☐ LOSCAM  
☐ N/A    ☐ PLAIN

CHEP Acc #	
LOSCAM Acc #	
Other Detail	

#### SITE REQUIREMENTS

Site details/delivery instructions and requirements, driver requirements, PPE, paperwork, company/site induction requirements etc.  
*(Please provide Specific Detail if required)*

### ACCOUNTS

#### PAYMENT TERMS

Standard Trading terms are strictly **14 days from Invoice** unless otherwise agreed / arranged with KTI Management

*If different terms are required, please advise requested terms and reasoning for this – APPROVAL IS REQUIRED BY KTI MANAGEMENT.*

Requested Terms ☐ 7 days    ☐ 14 days    ☐ OTHER (Specify : \* REQUIRES APPROVAL \*)

Reason for Request

#### INVOICE REQUIREMENTS

If Order Numbers/References are required please indicate *(Specifics - provide sample of Format necessary to Capture)*

- ☐ YES  
☐ NO