

**Trading Name** \_\_\_\_\_

**GOPP Number** \_\_\_\_\_

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- That credit facilities may be withdrawn if payment is not received by the due date.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

Please email to [info@gopp.com.au](mailto:info@gopp.com.au) or fax to 9938 3904

