



**DIRECTOR'S INFORMATION**

**1. FULL NAME**

**HOME PHONE**

**HOME ADDRESS**

**2. FULL NAME**

**HOME PHONE**

**HOME ADDRESS**

**Three (3) Trade References are required.** By supplying three supplier contacts you hereby authorise Samson Communications to enquire about your trading history with each one.

- |    |        |      |
|----|--------|------|
| 1. | Phone: | Fax: |
| 2. | Phone: | Fax: |
| 3. | Phone: | Fax: |

I, \_\_\_\_\_ agree;-  
(authorised representative)

- a) To pay all accounts within **7 days from date of invoice**. I agree to pay 1.5% compound interest calculated monthly on any monies outstanding by me thereafter and any and all legal costs or collection fees incurred in recovery of these accounts will be my responsibility.
- b) Where the customer is a company or a firm, it is hereby agreed that the director or principal whose signature appears below is liable for any debt incurred by the said named director or principal for or on behalf of anybody with said name director or principal for or on behalf of anybody with the said name supplier.
- c) Title of goods shall not pass to the purchaser until payment of full purchase price has been received.

**SIGNATURE**  **DATE**  
*Please print form and sign here*

<b>Office Use Only</b>	
APPROVED BY _____	DATE _____
CREDIT AMOUNT AND TERMS \$ _____	DAYS _____
OTHER COMMENTS _____	
_____	