



Novis Logistics Solutions P/L

HO address:
 41/574 Plummer St
 Port Melbourne - Vic 3207
 ABN: 75 670 602 785
 ACN: 670 602 785

APPLICANTS DETAILS		
Registered Business Name:		ABN:
Trading name (if any)		CAN:
Postal Address:		Postcode
Street Address:		Postcode
Telephone Number:		email
Director's Full Name		email
Additional Director's Full Name		email
Accounts Payable Contact Details		email
Shipping Contact		email

PROPRIETORSHIP	Public Company	Private Company	Partnership	Sole Trader
-----------------------	----------------	-----------------	-------------	-------------

TRADING PROFILE	Are you deferred GST approved? Y/N	Would You consider Payments of Duty/GST via EFT direct to Australian Customs? Y/N	Paying Novis Via Credit Card (Visa – Mastercard 1.75%) or PayPal (3.5%) Y/N	Do you hold a current Marine Insurance Policy? Y/N If not would you like us to assist you with spot insurance quotes Y/N

ACKNOWLEDGEMENT AND CERTIFICATION (must be signed by Director or CEO)

<p>Terms of Trade</p> <ol style="list-style-type: none"> I/We acknowledge that I/We have read, understood and agree to adhere to Novis' Standard Terms and Conditions of Contract. Available on http://www.novislogistics.com.au/resources or upon request I/We acknowledge and understand that all rates and fees quoted are subject to change without notice. I/We acknowledge and understand that all fees and charges due Novis are payable prior to delivery of cargo unless a completed credit application form has been received <u>and</u> approved by Novis Logistics Solutions Pty Ltd. I/We warrant that the information given in this application is true and correct at the date of signing. <p>Name: [Please print] </p> <p>Signed: Date:</p>		
Sales Rep:	Date received	Is client requesting credit Yes / No
Entered in EDI by (staff member name):		Date: