

CREDIT LIMIT INCREASE FORM

DATE: _____

CLIENT'S TRADE NAME: _____

CURRENT ACCOUNT LIMIT: _____

REQUESTED ACCOUNT LIMIT: _____

CONTACT PERSON: _____

POSITION: _____

EMAIL: _____

***Please attach a valid copy of the Directors Drivers Licence.**

I certify that the above information is true and correct and that I am authorized to make this application for credit. I have read and understand the terms and conditions of trade (attached) of SAAS-AUS PTY LTD which form part of, and are intended to be read in conjunction with this credit limit increase form and agreed to be bound by these conditions. I authorize the use of my personal information detailed in the Privacy Act clause therein. I agree that if I am a director/shareholder (owning at least 15% of the shares) of the client I shall be personally liable for the performance of the client's obligations under this contract.

SIGNED (CLIENT): _____

SIGNED (SYNERGY): _____

NAME: _____

NAME: _____

POSITION: _____

POSITION: _____

WITNESS TO CLIENT'S SIGNATURE:

SIGNED: _____

NAME: _____

DATE: _____

COPY OF DRIVERS LICENCE