

Customer credit application for trade account

Business contact information

Contact name:

Phone: Fax: E-mail:

Address:

City: State: Postcode:

In business since:

Sole trader: Partnership: Limited liability: Other:

Business and credit information

Postal address:

City: State: Postcode:

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: Postcode:

Business/trade references

Company name: **Company name:**

Contact name: Contact name:

Address: Address:

City: Postcode: City: Postcode:

Phone: Phone:

Fax: Fax:

E-mail: E-mail:

Company name: **Company name:**

Contact name: Contact name:

Address: Address:

City: Postcode: City: Postcode:

Phone: Phone:

Fax: Fax:

E-mail: E-mail:

Agreement

1. All invoices are to be paid within 7 days of receipt.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise [Enter your company name here] to make inquiries into the banking and business/trade references that you have supplied.
4. Minimum order of 6 items of any flavour or product type
5. Delivery fee may apply for orders under \$100

Signatures

Title:

Title:

Date:

Date: