



Melbourne's Premier Wholesale Fruit & Vegetable Supplier
ABN: 99 536 697 138

APPLICATION FOR A SEVEN DAY CREDIT ACCOUNT

DATE: _____

TRADING NAME: _____

COMPANY NAME: _____ ABN: _____

BUSINESS ADDRESS: _____

_____ P/CODE: _____

POSTAL ADDRESS: _____ P/CODE: _____

BUSINESS PH: _____ FAX: _____ CONTACT: _____

ACCOUNTS PH: _____ FAX: _____ CONTACT: _____

BANK NAME: _____ BRANCH: _____

PREFERRED METHOD OF PAYMENT: CREDIT CARD / DIRECT CREDIT / CHEQUE (CIRCLE)

**DIRECT CREDIT CAN BE MADE INTO OUR NATIONAL AUSTRALIA BANK ACCOUNT

**BSB: 083 376 ACCOUNT NUMBER: 54 066 9581

COMPANY / PARTNERSHIP / SOLE TRADER (PLEASE CIRCLE APPLICABLE)

TYPE OF BUSINESS: _____ YEARS TRADING: _____

FULL NAMES OF DIRECTORS/PARTNERS:

1. _____ 3. _____

2. _____ 4. _____

REGISTERED OFFICE: _____

TRADE CREDIT REFERENCES

These must be persons/businesses with whom you have operated a proper 7 day trading account

1. COMPANY NAME: _____ PHONE: _____

2. COMPANY NAME: _____ PHONE: _____

3. COMPANY NAME: _____ PHONE: _____

AUTHORISATION BY PROPRIETOR, PARTNERS OR DIRECTORS

I/We hereby apply to open a 7 day credit account with FRESH GENERATION P/L in accordance with conditions of sale.

I/We understand that accounts are payable, in full, 7 days from invoice date.

I/We acknowledge that, when business premises are unattended at time of delivery, proof of delivery signatures are unattainable and therefore I/We agree to pay all invoices issued to us.

I/We acknowledge that I/We have read these conditions, understand them and agree to abide by them.

NAME: _____ SIGNED: _____

POSITION: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ P/CODE: _____

HOME PHONE: _____

NAME: _____ SIGNED: _____

POSITION: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ P/CODE: _____

HOME PHONE: _____