

## PTY LTD

ABN: 84 107 033 947

95-99 Miller St Epping Vic 3076 PO Box Epping Vic3076 Phone: (03) 9408 3855 Fax: (03) 9408 3844

CREDIT A	APPLICATION							
Salesperson:								
APPLICANT	ı							
Trading nam	e:							
Name of comp	oany or							
person(s) own	ing business							
ACN:			ABN:					
Business street	t address:							
Postal address:	:							
Telephone:			Fax no:					
Name of bank:	:		Branch:					
Account no:			BSB:					
EMAIL ADDI	RESS:							
Contact detai	ls							
Purchasing con	ntact person:							
Accounts paya	able contact:							
Details of parts	ner / director							
•	Name			DOB:				
	Address:			Driver license:				
•	Name			DOB:				
	Address:			Driver license:				

В	usiness history							
Dated business commenced								
Nature of business:								
A	nticipated purchases:							
E	xpected average monthly va	lue of account:						
T	rade references:							
	• Name	Telephone:						
	Address:	Fax:						
	• Name	Telephone:						
	Address:	Fax:						
TE	DMC AND CONT	DITIONS.						
1 E	ERMS AND CON	PAYMENT: Strictly 7 days from invoice date ( Please Note first 3 order must be COD)						
2. 3.								
<i>4</i> .								
5.		All Food Distributors considers it relevant to assessing my/our application for credit, I/We agree assonal information about me/us in relation to this credit application.	to All Food					
6.		f it becomes necessary, and <b>All Food Distributors</b> considers it relevant to collecting any overdue payment I/We agree to All food Distributors receiving a credit report containing personal information about me/us rements.						
7.	arrangement. I/We unders	We agree that All Food Distributors may give to and seek from other credit provider's information about tand that this information may include any information about my/our credit worthiness, credit standing, crowders are allowed to give or receive from each other under the Privacy Act.						
8.	A	all Food Distributors at its discretion reserves the right to refuse the applicant(s) credit facilities.						
9.	or corporate structure.	The applicant(s) must inform All Food Distributors in writing within seven (7) days of any change of his/her/their business or porate structure.						
10.	The applicant acknowledges that the information provided within this notice has been read and understood by each of the signatories appearing below.							
11.	Property in and title to the products supplied to the customer by All food Distributors shall remain with the company and shall only pass to the customer upon payment in full of all monies owing by the customer to the company. Prior to such payment in full, the customer shall hold the products as bailee for the company.							
	I/we acknowledge that the information provided within this application has been read and understood by me/us, and I/we declare that all the information is true and correct in every detail and I/we acknowledge that if credit is given, credit will be provided in reliance upon information supplied by me/is herein.							
	SIGNATURE	FULL NAME						
	SIGNATURE	FULL NAME						

## **Guarantee and Indemnity**

	is guarantee is executed by morrency of this agreement may		ointly and severally charge) as beneficial own	ner all freehold and leasehold in land which
Dated theBy the said	Day of	20		
(printed na in the presen	ame of Guarantor) ace of	••••••	(signature of Guarantor)	
. (1	signature name of witness	s)		
(printed na	ame of Guarantor)		(signature of Guarantor)	
in the presence of				

.....

(signature name of witness)

ALL FOOD DISTRIBUTORS PTY LTD
95-99 Miller Street, Epping 3076 Victoria Australia Phone: 03 9408 3855 Fax: 03 9408 3844