



1/5 TI TREE PLACE
BYRON BAY
NSW

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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Contact Name:

Company Name:

Trading As:

Previous Trading Names:

Phone:

Email:

Registered Company Address:

Delivery Address:

Date Business Commenced:

Credit Line Requested:

PLC:

Limited Company:

Sole Proprietor:

Other:

BUSINESS AND CREDIT INFORMATION

Principal/Partner/Officer:

Accounts Address:

City:

State:

Postcode:

How long at current address?

Phone:

Mobile:

E-mail:

Bank Name:

Bank Address:

Phone:

City:

State:

Postcode:

BSB

Account Number

ABN of BUSINESS:

BUSINESS/TRADE REFERENCES (PLEASE ENSURE THEY WILL REFEREE FOR YOU PRIOR TO COMPLETING)

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account

AGREEMENT

1. All invoices are to be paid days from the date of the invoice.
2. Claims arising from invoices must be made within 2 working days.
3. All overdue invoices bear interest at per annum (or maximum allowed by law) on unpaid balance. There is also a returned payment fee for any declined cheques/automatic withdrawals.
4. In the event of default of payment when due, all costs of collection, including legal fees and court costs, shall be paid by the applicant.
5. Any credit extended to the applicant may be reduced or eliminated in the event «Blue Bay Gourmet», in its reasonable discretion, determines that the applicant's financial situation or ability to pay is impaired.
6. By submitting this application, you authorise «Blue Bay Gourmet» to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: