



## APPLICATION FOR A 30 DAY CREDIT ACCOUNT

APPLICANT NAME:

TRADING NAME:

IS TRADING NAME REGISTERED? YES  NO

POSTAL ADDRESS

POSTCODE:

BUSINESS LOCATION ADDRESS (NOT P.O. BOX ADDRESS)

POSTCODE:

IS THIS THE REGISTERED BUSINESS ADDRESS? YES  NO

TELEPHONE:  FAX:

NAME OF PARENT COMPANY:

TYPE OF BUSINESS ENTITY: (PLEASE TICK)

SOLE TRADER:  PARTNERSHIP:  COMPANY:  OTHER:

IF A COMPANY; STATE IN WHICH INCORPORATED:

A.C.N.:

NATURE OF BUSINESS:

YEARS ESTABLISHED:

NAME OF ACCOUNTANTS:

BUSINESS PREMISES: (PLEASE TICK)

Owned:  Leased:  Mortgaged:

NAME OF BANK:



**BRANCH:**

**ADDRESS OF BRANCH:**

**TELEPHONE:**  **CONTACT:**

**TRADE REFERENCES** (please list only major suppliers/creditors):

(i) **NAME:**

**TELEPHONE:**  **FAX:**

**CONTACT:**

(ii) **NAME:**

**TELEPHONE:**  **FAX:**

**CONTACT:**

**APPROXIMATE MONTHLY PURCHASES WILL BE:**

**CREDIT FACILITY REQUIRED FROM AGRIFOOD TECHNOLOGY:**

**AGRIFOOD MERCHANT'S NAME:**

**DIRECTORS/ PARTNERS DETAILS**

(IIF ADDITIONAL NAMES, PLEASE INCLUDE LIST):

(i) **NAME:**  **DOB:**

**ADDRESS:**

(ii) **NAME:**  **DOB:**

**ADDRESS:**

(iii) **NAME:**  **DOB:**

**ADDRESS:**



I/We hereby jointly and severally:-

1. Agree to settle all accounts by the due date.
2. Acknowledge that credit may be withdrawn at any time without prior notice in accordance with Agrifood Technology ("Agrifood") Sales Contract conditions.
3. Enclose a copy of our most recent Balance Sheet and Profit Statement and/or completed Financial Results Form (attached).
4. Agree to notify Agrifood Technology immediately in the event of any change of ownership, legal status or address.
5. Acknowledge that interest at commercial rates shall be charged and payable on accounts not paid by the due date.
6. Certify that I am authorised to sign this credit application form on behalf of:-

(insert company/ business name) and the information given is true and correct to the best of my knowledge.

7. Acknowledge that the completion of the credit application for credit does not obligate Agrifood to offer the applicant a credit facility.
8. Authorise Agrifood to obtain information from other parties:
  - i) I/We authorise and consent to the release to Agrifood of information sought by Agrifood from any bank, financial institution or entity which holds information relating to me or us concerning this credit application. Agrifood agrees to treat such information confidentially and agrees not to pass the information to any third party.
  - ii) I/We authorise that this authority remains in force whilst this credit application is being considered or resulting credit approval is in place.

SIGNATURE:

TITLE:

NAME:

DATE:

**AGRIFOOD WARRANTS THAT ALL INFORMATION SUPPLIED WILL BE HELD  
IN STRICTEST CONFIDENCE**