|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Customer credit application for trade account | | | | | | | |
| Business contact information | | | | | | | |
| Business name:  Contact name: | | | | | | | |
| Phone: | | Fax: | | | E-mail: | | |
| Address: | | | | | | | |
| City: | | | | | State: | | Postcode: |
| In business since: | | | | | | | |
| Sole trader: 🞏 | | | Partnership: 🞏 | | Limited liability: 🞏 | | Other: 🞏 |
| Orders Contact name: | | |  | | Accounts contact name: | |  |
| Email | | |  | | Email | |  |
| 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 7 days following the date of the invoice. 2. Any claims arising from invoices must be made within seven working days of receipt of invoice. 3. By submitting this application, you authorise Garlicious Grown to make inquiries into the banking and business/trade references that you have supplied. | | | | | | | |
| Signatures | | | | | | | |
| Title:  Date: | | | | | Title:  Date: | | |

A drawing of a face

Description generated with high confidence