

FRUIT KING WHOLESALERS PTY LTD

Credit Application for a Commercial Account

ABN 30 104 860 880 PO Box 181, Brisbane Market, Queensland 4106

Company Name			
Type of entity		ABN	<input style="width: 100%;" type="text"/>
Trading Name			
Postal Address		State	<input style="width: 100px;" type="text"/> Post Code <input style="width: 100px;" type="text"/>
Delivery Address		State	<input style="width: 100px;" type="text"/> Post Code <input style="width: 100px;" type="text"/>
Contact Person		Position	<input style="width: 100%;" type="text"/>
Telephone		Fascimile	<input style="width: 100%;" type="text"/>
E-mail		Mobile	<input style="width: 100%;" type="text"/>
Accounts Contact		Phone	<input style="width: 100%;" type="text"/>
Nature of Service Required		Expected Monthly Volume	<input style="width: 100%;" type="text"/>
Business Established Date		No of Employees	<input style="width: 100%;" type="text"/>

Please Provide 4 Trade References

	Company	Contact	Telephone	Fax
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

SECTION 1 - Partnership or Sole Trader

Name			
Address		State	<input style="width: 100px;" type="text"/> Post Code <input style="width: 100px;" type="text"/>
		Date of Birth	<input style="width: 100%;" type="text"/>
Drivers Licence No		State of Registration	<input style="width: 100%;" type="text"/>
Business Registration No			
Name			
Address		State	<input style="width: 100px;" type="text"/> Post Code <input style="width: 100px;" type="text"/>
		Date of Birth	<input style="width: 100%;" type="text"/>
Drivers Licence No		State of Registration	<input style="width: 100%;" type="text"/>
Business Registration No			

SECTION 2 - Company

Directors Details

	Name	Address	D/O/B	Drivers Licence #
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

TERMS: 14 DAYS

Authorised Name:	Title/Positon:
------------------	----------------

Authorised Signature:	Date:
-----------------------	-------