

SATISFINE FOODS PTY. LTD.

PO BOX 280, KINGSFORD NSW 2032 TEL NO: (61 2) 9669 5500 FAX NO: (61 2) 9669 5502 ABN 66 108 915 902
BSB: 012-055 ACCOUNT NO: 4993 84049

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NEW ACCOUNT / CREDIT APPLICATION FORM

SECTION 1 – COMPANY INFORMATION

(TO BE COMPLETED BY ALL CUSTOMERS)

! Sole Trader ! Partnership ! Proprietor Ltd ! Company

Company/Business Name _____ A C N _____ A B N _____

Delivery Address _____ Post code _____

Postal Address _____ Post code _____

Contact Name Purchasing _____ Accounts Payable _____

Phone Number _____

Fax _____

Email _____

PAYMENT IS STRICTLY REQUIRED ON DELIVERY UNLESS LETTER OF ACCEPTENCE RECEIVED

SECTION 2 – CREDIT DETAILS

(TO BE FULLY COMPLETED BY CUSTOMERS REQUESTING A CREDIT ACCOUNT)

Directors / Partner Details:

Name _____ Address _____ Driver's Lic. No. _____ Home Phone _____

1. _____

2. _____

3. _____

Bank _____ **Branch** _____ **Contact Name** _____ **Phone** _____

Trade References:

Name _____ Address _____ Telephone No. _____

1. _____

2. _____

3. _____

Credit Limit Required _____

TERMS AND CONDITION OF SALES as attached

DECLARATION

The undersigned hereby authorises any bank, credit reporting agency, other lender or grantor of credit, to provide Satisfine Foods Pty. Ltd. information regarding the character, reputation, financial responsibility and indebtedness of the above company as requested by Satisfine Foods Pty. Ltd. for the purpose of evaluating the commercial credit request of the above company, and hereby releases Satisfine Foods Pty. Ltd., and any bank, credit reporting agency, other lender or grantor of credit from any and all claims or causes of action that may arise from information furnished to Satisfine Foods Pty. Ltd. by said bank, credit reporting agency, other lender or grantor of credit.

I/We in supplying the above information believe to be true and correct in all regards. I/We agree to be bound by and agree to the credit policy of Satisfine Foods Pty. Ltd., as attached to this signed application for credit.

Signature _____

Signature _____

Print Full Name _____

Print Full Name _____

Date _____

Date _____

For Office Use Only

Approved By:-

Credit Limit

Date Approved