



**EUROPEAN FOODS**

ABN: 18 008 681 874

Registered Office & Warehouse

P: 9227 2222

A: 148 Dale Road Middle

Swan, WA 6056

[www.europeanfoods.com.au](http://www.europeanfoods.com.au)

# Cash on Delivery (COD) Application

Registered Business Name:

Trading as:

ABN:

Tel:

Billing Address

Postcode:

Delivery Address:

Postcode:

Owners Name:

Mobile:

Accounts Payable Contact Name:

Email:

Phone:

Fax:

Previous name of business:

Date opening / taking over:

Once complete please forward your COD application to [accsupport@europeanfoods.com.au](mailto:accsupport@europeanfoods.com.au) or fax (08) 9328 2662 for processing.

**Please note that applications take a minimum of 10 working days for approval.**

[europeanfoods.com.au](http://europeanfoods.com.au)



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# Credit Card Authorisation

## About this form

*You can use this form to provide a credit card payment to the European Foods Wholesalers PTY LTD.*

## How to complete this form

*1. Ensure that all fields have been filled in correctly.*

*2. Please note that fields on this form marked with an \* are mandatory and must be completed before submitting the form.*

*3. Once completed you can submit this form by emailing it to [accsupport@europeanfoods.com.au](mailto:accsupport@europeanfoods.com.au)  
European Foods Wholesales accepts Mastercard and Visa credit card payments only.*

## Credit Card Details

Cardholder's Name\* (please print name in capital letters)

Credit Card Details\* (Visa, Mastercard)

Expiry Date \*

Cvv number\*

*I authorise **European Foods Wholesalers PTY LTD** to debit my credit card to confirm transaction and purchase of goods prior to delivery).*

Card Holder's Signature \*

Date\*