

APPLICATION FOR COMMERCIAL CREDIT ACCOUNT



Please complete in CAPITAL LETTERS

PLEASE RETURN COMPLETED TO:
 accounts@bakealiciousbygabriela.com.au

FORM ALSO AVAILABLE ONLINE AT: www.bakealiciousbygabriela.com.au

COMPANY REGISTERED NAME.....	ABN.....
COMPANY TRADING NAME.....	WEBSITE.....
TYPE OF LEGAL ENTITY: SOLE TRADER <input type="checkbox"/> COMPANY <input type="checkbox"/> (Please tick) PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER <input type="checkbox"/>	DATE BUSINESS OWNED / / (Name of Trustee)..... (ACN of Trustee).....

ACCOUNT CONTACT NAME	TITLE.....
EMAIL	PHONE
DELIVERY CONTACT NAME..... (if different to above)	DELIVERY CONTACT NAME..... (if different to above)
DELIVERY ADDRESS.....	
DELIVERY INSTRUCTIONS.....	

BUSINESS REFERENCES (Trading accounts - not COD accounts)	ADDRESS	PHONE
1.....	().....
2.....	().....

FULL NAMES OF PROPRIETORS OR DIRECTORS		
1. FULL NAME (MR/MRS/MS)		
RESIDENTIAL ADDRESS.....		POSTCODE.....
HOME PHONE ().....	MOBILE PHONE.....	DRIVERS LICENCE No.
FULL NAMES OF PROPRIETORS OR DIRECTORS		
2. FULL NAME (MR/MRS/MS)		
RESIDENTIAL ADDRESS.....		POSTCODE.....
HOME PHONE ().....	MOBILE PHONE.....	DRIVERS LICENCE No.

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief. I understand that this information will be considered material in the evaluation of quotations. Notice must be provided of any change in status impacting the information provided within ten (10) days of said change.

By signing this form I agree: All invoices are payable 14 days of receipt. Credit facilities may be withdrawn on overdue accounts at the company's discretion without notice. All goods remain the property of Bakemelicious Pty Ltd until paid in full.

SIGNATURE NAME DATE