



## Customer Credit Application for Trade account

### Business contact information

Business Trading Name:

Business Entity Name:

Phone:

Fax:

E-mail:

Address:

City:

State:

Postcode:

In business since:

ABN

Sole trader:

Partnership:

PTY Limited:

Trust:

### 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:

E-mail:

E-mail:

### Agreement

1. All invoices are to be paid 14 days following the date of the invoice.
2. Any claims arising from invoices must be made within 3 working days of receipt of invoice.
3. By submitting this application, you authorise Fremantle Chocolate Factory to make inquiries into the business/trade references that you have supplied.

### Signatures

Title:

Title:

Date:

Date: