



Single Vineyard Sellers

EST 2003

CREDIT ACCOUNT APPLICATION

DATE: _____

CLIENT'S TRADE NAME: _____

CLIENT'S FULL or LEGAL NAME: _____

Liquor Licence: _____ Licensee: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Delivery Address: _____

_____ State: _____ Postcode: _____

Delivery Contact: _____ Phone: _____ Email: _____

Delivery Days: Mon Tue Wed Thu Fri

All days

Delivery Instructions: _____

Door codes, etc: _____

ACCOUNTS DETAILS

ABN/ACN Number: _____ Date Established: _____

Bank name: _____ BSB: _____

Bank account name: _____ Acc.#: _____

Trading Terms: COD + early settlement discount Net 30

Net7 + early settlement discount

Requested Credit Limit: \$ _____

***Note:** Early settlement discount is 6 % for payments by EFT or 4% if paying by credit card

Accounts Contact: _____ Phone: _____

Position: _____ Email: _____

Contact 2: _____ Phone: _____

Position: _____ Email: _____

DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OR DIRECTORS (If Company) OR TRUSTEE (If a Trust)

Full Name: _____ Full Name: _____

Home Address: _____ Home Address: _____

_____ State: _____ Postcode: _____

ID: _____ Date of Birth: _____ ID: _____ Date of Birth: _____

(Driver's Licence, Passport, etc.)

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Home Phone: _____ Home Phone: _____

TRADE REFERENCES

Business Name 1: _____ Business Name 3: _____

Phone: _____ Phone: _____

Business Name 2: _____

Phone: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Single Vineyard Sellers Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.**

SIGNED (CLIENT):

WITNESS TO CLIENT'S SIGNATURE:

Signed: _____

Signed: _____

Name: _____

Name: _____

Position: _____

Date: _____