



SPAR FRESH LTD T/A INDEPENDENT PRODUCE PROFESSIONALS

ACN 088 309 157 ABN 71 088 309 157

PO BOX 264 Brisbane Market Queensland 4106

P. 07 3278 0233 F. 07 3278 0498

CREDIT APPLICATION FORM

COMPANY NAME

TRADING NAME

ACN ABN

BUSINESS ADDRESS

POSTAL ADDRESS

TELEPHONE NUMBER (.....)..... FAX NUMBER: (.....).....

EMAIL ADDRESS

ACCOUNTS CONTACT

ORDERING CONTACT

DATE BUSINESS COMMENCED TRADING

NAME AND ADDRESS OF DIRECTORS/OWNERS/PARTNERS

1. ADDRESS

2. ADDRESS

3. ADDRESS

ARE PREMISES OWNED/LEASED

IF LEASED LANDLORD/AGENT

NAME OF BANK

ADDRESS OF BANK

CREDIT REFERENCES

- 1. PH No.
- 2. PH No.
- 3. PH No.

ANTICIPATED WEEKLY EXPENDITURE \$.....

I/WE AGREE TO COMPLY WITH YOUR PAYMENT TERMS OF 7 DAYS FROM DATE OF STATEMENT

SIGNATURE OF APPLICANT

PRINT NAME POSTION

PERSONAL GUARANTEE

I/WE NOTE THAT TRADING TERMS OF INDEPENDENT PRODUCE PROFESSIONALS ARE 7 DAYS AND THAT REFUNDS OR DISPUTES REQUIRE NOTIFICATION WITH 48 HOURS.

I/WE GUARANTEE PAYMENT OF ANY/ALL ACCOUNTS FOR GOODS PURCHASED BY THE ABOVE COMPANY/BUSINESS TOGETHER WITH ANY LEGAL PERSONAL REPRESENTATIVES OF THE COMPANY/BUSINESS OR OUT OF POCKET EXPENSES ASSOCIATED WITH THE COLLECTION OF OUTSTANDING MONIES.

I/WE UNDERSTAND THAT THIS GUARANTEE BINDS ME PERSONALLY.

SIGNATURE: _____ DATE: _____

COMPANY DIRECTOR: _____

PRINT FULL NAME: _____

WITNESS: _____

SIGNATURE: _____

SIGNATURE: _____ DATE: _____

COMPANY DIRECTOR: _____

PRINT FULL NAME: _____

WITNESS: _____

SIGNATURE: _____