



## CREDIT APPLICATION

Unit 4, 53-57 Burrows Road Alexandria

[mail@fruitiquewholesale.com.au](mailto:mail@fruitiquewholesale.com.au)

(02) 9550 2795

Company Name/Business : \_\_\_\_\_

Account's Contact Name: \_\_\_\_\_

Account's Email : \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

Chef's Contact Name: \_\_\_\_\_

Order's Email : \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Delivery Notes : \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Form of Business:

Proprietary Company  Public Company  Partnership  Sole Proprietor

Type of account you are applying for:  COD  7 day from Invoice (if accepted)

We require a credit/debit card if you are applying for credit, please provide information below:

VISA Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

MasterCard Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Number \_\_\_\_\_



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Trade References (Please list name and phone number)

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1. If you are a company, then the person signing this agreement on your behalf acknowledges that they are authorised to act for and on behalf of the company and that they have the authority to bind the company to the terms of this agreement
2. The person who signs the acceptance form below for or on behalf of any company hereby, unconditionally and irrevocably, personally guarantees payment of all monies due and payable to Fruitique Wholesale by virtue of this agreement
3. Fruitique Wholesale is authorized to process the credit card details provided in this document if the company/individual trades outside of its terms.

Proprietors/Owners Signature of Acknowledgement

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR  
DRIVERS LICENSE TO THIS APPLICATION**