



ACCOUNT APPLICATION FORM

This application for a 7 day credit account must be filled out by all new customers to Fruit addiction. All the information provided on this form will be treated as confidential.

Restaurant Name:	
Address:	
Postal address if different:	
Kitchen Staff/order contact:	Phone: Fax:

Business Type

Company Sole Trader Partnership Other.....

Please complete this section if you are a company or Partnership

Trading Business Name:
Registered Company Name:
Name, address and phone numbers of all directors/partners:
1.
2.
3.

Please complete this section if you are a sole trader

Trading Name:
Name and address of sole trader:
Phone:

Please provide 3 trade references

Business Name	Phone number

Name of Accounts Manager:.....Phone:.....

Abn.....

Acn.....

Email Address.....

Our trading terms are strictly 7 days. Any costs associated with the collection of outstanding debts will be the responsibility of the customer.

I/ We hereby acknowledge and accept "fruit addictions" trading terms and agree to abide by the said terms.

Signature of director, partner or sole trader.....

Name in block letters.....Date.....

Signature of director, partner or sole trader.....

Name in block letters.....Date.....

Signature of director, partner or sole trader.....

Name in block letters.....Date.....

Please ensure all sections are complete and signed and mail to:

Po Box 312 Greensborough Vic 3088

FRUIT ADDICTION PTY LTD

ABN 88 092 665 408

WAREHOUSE L MELBOURNE MARKETS 542 FOOTSCRAY RD FOOTSCRAY 3011

PO BOX 312 GREENSBOROUGH 3088

PHONE 0402261073 FAX 9435 7233

EMAIL: fruitaddiction@yahoo.com.au