

THIRST FOR LIFE APPLICATION FOR CREDIT FACILITIES

17 Fred St LILYFIELD NSW 2040, AUSTRALIA
please complete and FAX to 02 9810 8559, PH 02 9810 0804

Name of Company _____ ABN _____

Company/ Partnership / Sole Trader Trading as _____

Are you a member of a group of companies ? Yes / No If yes give details _____

Type of Business _____ Date Business Incorporated or business commenced _____

Name and Address of Directors

1. _____

2. _____

Address for invoices / statements _____ ph _____ fax _____

Delivery Address _____ ph _____ fax _____

Company Contacts Buyer _____ Orders _____

Warehouse _____ Accounts _____

Bank Account: Bank _____ Branch _____

Account Name _____ Account No. _____

References

Trade 1 _____ Phone No. _____

Trade 2 _____ Phone No. _____

Trade 3 _____ Phone No. _____

I/we authorise you to check the above trade references / owner / partners / directors listed.

I/we understand the terms are strictly NETT 30 days and payment is due within 30 DAYS OF INVOICE DATE.

I/we undertake to pay all accounts on the due date as well as any legal or out of pocket expenses associated with the collection of outstanding monies.

I/we understand this guarantee binds me personally.

I/we hereby abide by the Terms and Conditions granted by THIRST FOR LIFE.

Authorised Signatory Name _____ Signature _____

Title _____ Date _____