



 Tuggeranong Homeworld Shop 48  
 150-180 Soward Way, Greenway  
 sales@canberrahalalmp.com.au  
 canberrahalalmp.com.au  
 0435 026 045  
 (02) 6183 0222

# CREDIT ACCOUNT

## APPLICATION FORM

Have you ordered previously from CANBERRA HALAL MEAT & POLULTRY?

No  IF YES: Online  Phone

### BUSINESS DETAILS

Trading Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_  
 (If different from above,  
 Must not a residential address) \_\_\_\_\_

Shop Contact Name: \_\_\_\_\_ Shop Phone No: \_\_\_\_\_

Accounts Contact Name: \_\_\_\_\_ Accounts Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Monthly statements will be sent electronically)

A.B.N: \_\_\_\_\_

### TYPE OF BUSINESS

PLEASE TICK

- COMPANY Provide Company Name, ABN, Registered Office, Names and Addresses of all Directors.
- PARTNERSHIP Provide Registered Office and Names and Addresses of all Partnership/Proprietors.
- SOLE TRADER Provide Name and Address.

Company Name in Full \_\_\_\_\_

Registered Office \_\_\_\_\_

#### DIRECTOR'S / PARTNERS / SOLE TRADER DETAILS:

Name: \_\_\_\_\_

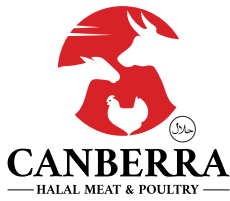
Home Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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



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### SECTION THREE: TRADE REFERENCES

1: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 2: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 3: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION FOUR: BANK DETAILS

Bank \_\_\_\_\_ BSB: \_\_\_\_\_ Account: \_\_\_\_\_  
 How long in this bussiness? \_\_\_\_\_ Estimated Monthly Purchase \$ \_\_\_\_\_  
 Nature of Bussiness \_\_\_\_\_

### SECTION FIVE: CONDITIONS AND TERMS OF THE CREDIT FACILITY

It is the Buyer's responsibility to notify the Vendor in writing of any change in its management, shareholding structure of the company or in the case of partnership or sole trader, incorporation of the business or change of its proprietor.

The Buyer acknowledges that the Credit Facility is personal to the Buyer and may not be assigned transferred or made available for use by any other corporation, person or persons and acknowledges that any goods ordered or purchased or services provided by use of the Credit Facility shall be paid be the Buyer.

If the information supplied herein on behalf of the Buyer is found to be misleading or erroneous or should the Buyer fail to comply with the Conditions of Terms of the Credit Facility, then the Vendor mayin its absolute discretion cancel the Credit Facility and refuse to supply further goods to the Buyer including goods subject to an order accepted by the Vendor but not supplied prior to the date of exercise of such discretion and the Vendor shall not be liable to the Buyer, for any damage it may sustain as a result of the Vendor cancelling the Credit Facility, or of refusing to supply goods.

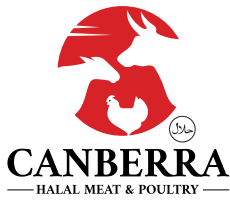
All payments for goods or services are to be made by the Buyer to the vendor within SEVEN DAYS FROM THE END OF THE MONTH in which the goods or services were provided unless special arrangements are made in writing between the Vendor and the Buyer. The Buyer acknowledges that by not keeping within terms is a breach of contract and that all costs and expenses incurred by the Vendor to recover outstanding amounts will be charged to the Buyer in full.

The Buyer acknowledges that all goods supplied by the Vendor remain the Vendor's property until paid for in full.

AGREED TO BY (Full name/s) \_\_\_\_\_

APPLICANT/S(Authorised Signature/s) \_\_\_\_\_

POSITION/S \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



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### DELIVERY INFORMATION

focused on providing exceptional customer service with world

To ensure we can service your business quickly and effectively, please provide your delivery details below.  
If you have any questions, please do not hesitate to contact us on 0435 026 045 or (02) 6183 0222.

TRADING NAME: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DELIVERY INSTRUCTIONS: \_\_\_\_\_

OPENING & CLOSING TIME: \_\_\_\_\_

DOCK NUMBER: \_\_\_\_\_

DOCK DELIVERY ADDRESS: \_\_\_\_\_  
(If we need to book the delivery with the doc) \_\_\_\_\_

DO YOU HAVE A FORKLIFT? \_\_\_\_\_

SHOP CONTACT NAME: \_\_\_\_\_

SHOP PHONE NO: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DOES YOUR BUSINESS CLOSE DURING ANY PERIODS  
THROUGHOUT THE DAY \_\_\_\_\_

OR ANY TIME DURING  
THE YEAR \_\_\_\_\_

### OFFICE USE ONLY

CATEGORY:  A  B  CA  CB  CC

RUN \_\_\_\_\_ REP NUMBER \_\_\_\_\_ POSITION IN JOURNEY PLAN \_\_\_\_\_

DAY TO CALL (Mon-Fri) \_\_\_\_\_ TIME TO CALL (AM or PM) \_\_\_\_\_ WEEK/S \_\_\_\_\_