

Rocklea Cold Storage & Distribution ABN 70 695 484 575

83 Medway St. Rocklea QLD 4106 Ph (07) 38480999 Fax (07) 38480899

www.rockleacoldstorage.com.au

Credit Application

Registered Company Name.....

Registered Office Address

.....PC

Business NameABN.....

Business Address

Mailing AddressPC

Email.....(All Invoices and Statements will be sent to this email address)

Telephone..... Fax Mobile

NOTE: If you want to pay on delivery no further information is required. However should you require a **14 – DAY ACCOUNT** please complete the entire form.

Please indicate: COMPANY PARTNERSHIP SOLE TRADER TRUSTEE

Name and Address of: COMPANY DIRECTORS PARTNERS SOLE TRADER

1. Name Address

Phone

2. Name Address

Phone

3. Name Address

Phone

Bank Branch

Approximate amount of credit required \$

Contact person.....

TRADE REFERENCES

1. Name Address

Phone

2. Name Address

Phone

3. Name Address

Phone

DIRECTORS GUARANTEE

To Rocklea Cold storage & Distribution:

In consideration of you at my/our request granting financial accommodation and / or credit terms to:

Applicants Company Pty Ltd

Directors name(s) We

Applicants Company: The undersigned being Directors of the said Pty Ltd (hereinafter called “the Company”) do

hereby guarantee the payments by the Company of all moneys owed by the Company to you.

This Guarantee shall be continuing and shall not be affected by the time or other indulgences which may be given to you by the Company, nor by the winding up of the Company.

Dated this Day of 200... Signed

Name Name

NOTE: This is a personal Guarantee and cannot be revoked by the Director(s) leaving the company unless the account for their term of office is paid up and both Creditor and Debtor agree in writing that the covenant is terminated. Please list on the back hereof the names of the Directors and/or Management who with knowledge of the Company’s financial position are able to authorise the Company’s incurring Debts.

Applicants Signature Position.....