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A.B.N. 36 010 345 150



REQUEST TO ESTABLISH A TRADING ACCOUNT

Registered Company Name: _____

Trading as (if applicable): _____

Business Address: _____

Postal Address: _____

Delivery Address _____

E-mail Addresses ACCTS: _____ Purchasing: _____

Phone: _____ Fax: _____

A.B.N.: _____

Type of Business: _____

Please circle as appropriate: Individual / Sole Trader / Partnership / Company / Trustee / Public Co.

Full name of Partners/Directors/Proprietors:

(1) _____ Title: _____

(2) _____ Title: _____

(3) _____ Title: _____

Name, Phone and Fax Numbers of (2) two Trade Creditors:

(1) _____ Phone: _____ Fax: _____

(2) _____ Phone: _____ Fax: _____

I/We agree to BEC Feed Solutions Pty Ltd obtaining a credit report or credit reports from any reporting agency they choose.

Estimated Credit Limit: \$_____ (Maximum debt being total of two months' purchases)

I/We acknowledge that the total limit of credit to be extended is on a maximum monthly trading account and that supplies may be withheld whilst this is exceeded.

Please print full name: _____

Signed: _____ Dated: _____

Terms: Net Cash 30 days or as otherwise agreed.

**** Interest will be charged on overdue accounts at a rate of 14 % p.a.****

GUARANTEE AND INDEMNITY

In consideration of your extending credit to: *(insert your registered company name/s)*

In terms of the application for credit hereto, I/We the Director/s thereof, hereby guarantee due performance of the said Company for the payment of its debt/debts to you by the said Company from time to time.

Director: _____ Witness: _____

Director: _____ Witness: _____

Director: _____ Witness: _____

Director: _____ Witness: _____

PAYMENT TERMS: Net cash 30 days or as otherwise agreed.

Interest will be charged on overdue accounts at a rate of 14 % p.a.

I/We acknowledge that the total limit of credit to be extended is on a maximum monthly trading account, and that supplies may be withheld whilst this is exceeded.

I/We understand this application will be held in the strictest confidence and handled by authorised personnel only. Should this application be accepted, I/We agree to pay for all goods 30 days from end of month delivered.

Clients Signature: _____

Title: _____

Dated: _____

Office use only:

Account Initiated by: _____ Approved By: _____ Date: ____/____/____

Date	Sales Rep	Customer Group	Account #	Signature