

Ballan Local Butcher  
130 Inglis St Ballan 3342  
(03) 53681117  
ABN 36 809921098



## Customer credit application

### Business contact information

Contact name:

Phone: Fax: E-mail:

Address:

City: State: Postcode:

In business since:

Sole trader:  Partnership:  Limited liability:  Other:

### Business and credit information

Business Trading Name:

Postal address:

City: State: Postcode:

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State Postcode:

### Business/trade references

Company name: Company name:

Contact name: Contact name:

Address: Address:

City: Postcode: City: Postcode:

Phone: Phone:

Fax: Fax:

E-mail: E-mail:

Company name: Company name:

Contact name: Contact name:

Address: Address:

City: Postcode: City: Postcode:

Phone: Phone:

Fax: Fax:

E-mail: E-mail:

### Agreement

1. All invoices are to be paid on the Monday of each week (7day account) following the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise Ballan Local Butcher to make inquiries into the banking and business/trade references that you have supplied.

### Signatures

Title:

Title:

Date:

Date: