



THOROUGHREAD ONE

**52 WILSON STREET
SOUTH YARRA VIC
3141**

APPLICATION FOR CREDIT ACCOUNT

FULL NAME OF
APPLICANT.....

TRADING
NAME.....

BUSINESS
ADDRESS.....

.....

TELEPHONE..... MOBILE.....

FAX.....

NUMBER OF YEARS
ESTABLISHED.....

TYPE OF
BUSINESS.....

IF COMPANY
REGISTERED OFFICE.....

DATE OF
INCORPORATION.....

COMPANY NUMBER.....

ABN.....



DIRECTORS/PARTNERS/SOLE TRADER NAME & PRIVATE ADDRESS

1. _____

2. _____

3. _____

4. _____



BANK.....

BRANCH.....

TRADE REFERENCES (NAME, ADDRESS & CONTACT NUMBER)

1. _____

2. _____

3. _____

Office Use Only (Terms of Trade)

| | | |
|---------------|--------------------|----------------|
| <i>WEEKLY</i> | <i>FORTNIGHTLY</i> | <i>MONTHLY</i> |
|---------------|--------------------|----------------|

Note: Preferred method of payment is cheque or electronic payment. Cheques must be made out to Kruste Brot and mailed to 52 Wilson St South Yarra VIC 3141. Credit card payments are also accepted but must be organized with a company representative.



On lodgement of this application for credit with Kruste Brot Pty Ltd trading as Thoroughbread One I agree to comply with the terms of trade as listed in this document. In the event of default by the above company/business, I take full responsibility for any debt incurred.

SIGNED.....DATE.....

NAME.....

WITNESSED.....DATE.....

CREDIT CARD NUMBER.....

EXPIRY.....

ACCOUNTANTS CONTACT DETAILS

NAME.....

PHONE / FAX.....