

# CREDIT APPLICATION



GOURMAND  
PROVIDORE

Please print, sign and return to Gourmand Providore via -

email: [info@gpveg.com](mailto:info@gpveg.com) | fax: 02 9764 2377 | post: PO Box 321 Sydney Markets NSW 2129

## Business Information:

Company Name: (Individual/Partnership/Company)	
Trading As: (Registered Business Name)	
ACN:	ABN:
Postal Address:	
Phone:	Fax:

## Account Information:

Requested Credit Limit: \$	Credit Terms: <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days
Payment Method:	<input type="checkbox"/> Cheque <input type="checkbox"/> EFT <input type="checkbox"/> Credit Card (fees apply)

## Delivery Information:

Delivery Address:	
Deliveries Accepted From (time):	AM
Delivery Instructions:	

## Contact Information: (please supply all three contacts)

1	<b>OWNER &gt; Name:</b>
	Mobile: Email:
	Owner's Home Address: (required)

2	<b>KITCHEN CONTACT &gt; Name:</b>
	Mobile: Email:

3	<b>ACCOUNTS &gt; Name:</b>
	Mobile: Email:

## Trade References (please complete all three)

1	Company: Email:
2	Company: Email:
3	Company: Email:

I \_\_\_\_\_ warrant the above information to be accurate and complete.  
(Name of authorised signatory)

Authorised Signature:

Date: