



# CREDIT APPLICATION

GP KITCHEN PTY LTD - ABN 99 168 092 279

Please fill out the required information and return to:

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

## Business Information:

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

## Account Information:

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

## Delivery Information:

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

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

1	OWNER > Name:	
	Mobile:	Email:
	Owner's Home Address: <small>(required)</small>	

2	KITCHEN CONTACT > Name:	
	Mobile:	Email:

3	ACCOUNTS > Name:	
	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. <small>(Name of authorised signatory)</small>	Date:
Authorized Signature:	