



Colossus Food Pty Ltd  
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**CREDIT ACCOUNT APPLICATION FORM**

DATE:..... ABN:.....  
 COMPANY NAME:..... ACN:.....  
 TRADING NAME:.....  
 BUSINESS ADDRESS:.....  
 DELIVERY ADDRESS:.....  
 BUSINESS TEL:..... MOBILE:..... EMAIL:.....  
 NATURE/TYPE OF BUSINESS:..... CREDIT REQUIRED:.....  
 CONTACT NAME ORDERS:..... CONTACT NAME ACCOUNTS:.....  
 POSTAL ADDRESS:.....  
 BUSINESS STRUCTURE: Please specify entity.....  
 DIRECTORS/COMPANY SECRETARY:

NAME	RESIDENTIAL ADDRESS	PHONE/MOBILE	DATE OF BIRTH	DRIVERS LICENCE No.

TRADE REFERENCES:

COMPANY NAME	ADDRESS	PHONE	CONTACT
1			
2			
3			

If a company, authorised person to sign. If a sole trader, the sole trader to sign. If a partnership, each partner to sign.

Signature:..... Signature:..... Signature:.....  
 Name:..... Name:..... Name:.....  
 Position:..... Position:..... Position:.....  
 Date:..... Date:..... Date:.....