

SPECIALISING IN CLUBS, RESTAURANTS CAFES AND NURSING HOMES

WHOLESALE CREDIT APPLICATION

FULL NAME:	
A.B.N.	
RESIDENTIAL ADDRESS OF DIRECTORS/OWNER:	
REGISTERED OFFICE:	
ESTIMATED MONTHLY PURCHASE:	\$

SELECT A PAYMENT:

COD	Payment for weekly sale	
7 DAYS	Payment for weekly sales must be made by the following week	
14 DAYS	Payment for fortnightly sales must be made by the following week	

PERSONAL GUARANTEE BY DIRECTORS OF PTY LTD COMPANY - ACCEPTANCE OF TERMS

I/We hereby acknowledge and accept the credit terms above. The director/s by signing this agreement is executing this agreement on behalf of the company outlined above and personally guarantees and agrees to be personally liable for failure of performance of the companies' obligations under this agreement, including timely payment of any and all monies due to Warringah Mall Fruit Market Pty Ltd T/A Leo's Wholesale Fruit & Veges within the credit terms offered.

This personal guarantee also applies in the event that the company ceases trading or enters into administration or liquidation.

Name: (Director/Proprietor):				
Date:	_ Signature:			
Name: (Director/Proprietor):				
Date:	_ Signature:			
Tel: Fax:	Email@			