

PO Box 683 BEGA NSW 2550 258 Old Wallagoot Road KALARU NSW 2550

Nursery phone: 02 6494 1850 Nursery fax: 02 6494 5663 Mobile: 0448 410 720 sales@tarrawood.com.au

30	day	credit	account	ap	plication
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App	plicant's registered name						
Tra	de name (if different to above)						
Str	eet address						
Pos	stal address (if different to above)						
Pho	one Fax						
Em	ail						
Cor	ntact person						
Тур	pe of business						
Ηον	w long established Length of time at present address						
ABI	N or business name registration number						
Tra	ade References						
use	ase supply at least two (2) trade references where credit has been granted and ed for a least the last twelve (12) months. Please note , these references are to include either Fuel or Food accounts.						
	Name Address Phone						
1							
2							
3							
Bar	nk and branch Phone no						
Pa	yment Terms						
1	Payment prior is require from all first time customers.						
2	Payments must be made within 30 days EOM from the invoice date.						
3	Failure to pay within terms could place your account on "stop supply".						
4	Tarrawood Native Nursery reserves the right to refuse credit .						
ope info has agr	We have read the Payment Terms and request that Tarrawood Native Nursery ens an account on the basis of these Terms. We acknowledge that the ormation provided in this application is true and correct and that the signatory is full authority to complete this application form on behalf of the Applicant. We ree to abide by Tarrawood Native Nursery's payment terms as outlined in this olication.						
	Print name Signature of person on behalf of Position of signatory Applicant						
Signatory must be Director, Secretary, Partner, Proprietor or other authorised officer of the Applicant.							
Dat	te						