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| Credit Application **VULCANO GELATO PTY LTD ABN 53 131 282 730**  **47 Holt Street, ARDEER VIC 3022** T: (03) 8390 5289 | M:0467 776 646 | E: info@vulcanogelato.com | | | | | |
| **Business Contact Information** | | | | | |
| Title: | | | | | |
| Company name: | | | | | |
| Phone: | Fax: | | | E-mail: | |
| Registered company address: | | | | | |
| City: | | | | State: | Post Code: |
| Date business commenced: | | | | | |
| Sole proprietorship: | | Partnership: | | Corporation: | Other: |
| **Business and Credit Information** | | | | | |
| Primary business address: | | | | | |
| City: | | | State: | | Post Code: |
| How long at current address? | | | | | |
| Telephone: | Fax: | | E-mail: | | |
| Bank name: | | | | | |
| Bank address: | | | Phone: | | |
| City: | | | State: | | Post Code : |
| **All Directors Full Name** | **Address** | | | | |
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| **Business/trade references** | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | Post Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | Post Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | Post Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| **Agreement** | | | | | |
| 1. All invoices are to be paid 14 days from the date of the invoice. 2. Claims arising from invoices must be made within seven (7) working days. 3. By submitting this application, you authorise VULCANO GELATO PTY LTD to make inquiries into the banking and business/trade references that you have supplied. | | | | | |
| **Signatures** | | | | | |
| Title:  Date: | | | | Title:  Date: | |