

### Credit Application Form

Company Name _____ ABN _____	
Billing Address _____	
Suburb _____	Postcode _____
Delivery Address _____	
Suburb _____	
Home Address _____	
Suburb _____	Phone _____
Account Manager _____	
Email Address _____	
Telephone _____	Fax _____
Name of bank _____	Branch _____
BSB _____	ACCOUNT NUMBER _____

<b>CREDIT CARD DETAILS</b>	
NO: _____	EXPIRY: _____

**Trade Reference 1**

Company _____
Contact _____
Telephone _____
<b>Trade Reference 2</b>
Company _____
Contact _____
Telephone _____

**Company Information**

Sole Trader	Partnership	Company
Full name of Proprietors, Partners or Directors		
Name_____	Position_____	
Name_____	Position_____	
Name_____	Position_____	
Company Directors guarantee Signature_____		
Full Name_____		

**Terms strictly 7 days**

1. The customer agrees to pay their invoice within seven (7) days from the date of issue of the invoice.
2. The customer agrees to pay a monthly surcharge of 5% of the invoiced amount until the invoice and all the surcharges relating to that invoice are paid in full.
3. Each customer should apply for a trading credit amount and once that credit is reached then all credit will cease until account is brought up to date, and any purchases will have to be paid for in cash, until the account is finalized.
4. Any credit for the return of flowers must be requested within twenty-four hours as the flowers are perishable goods.
5. I/We agree to abide by the above terms and conditions and guarantee the payment of our account.
- 6 The customer agrees that if the account is not paid by the due date, the customer hereby authorises T & G Flowers to debit the credit card account on the due date

**BY SIGNING THIS APPLICATION, I/WE AGREE TO ABIDE BY THESE TERMS AND CONDITIONS OF SALE.**

**SIGNED.....DATE.....**

**PRINT NAME.....**

**POSITION IN COMPANY.....**