

# Account Application Form –Opera Foods Pty Ltd

\*\* (Delete as applicable) - This form is for Public Companies Only

APPLICANT (Business Trading name):.....

**DELIVERY ADDRESS:**.....

SUBURB:..... POSTCODE:.....

PHONE:..... FAX:..... MOBILE:.....

SPECIAL DELIVERY INSTRUCTIONS (If applicable):.....

NEAREST CROSS STREET:.....

MAILING ADDRESS (if Different):.....

SUBURB:..... POSTCODE .....

## **Orders Contact Person**

REPRESENTATIVE NAME:..... TITLE: (Proprietor/Director/Manager/Orders)\*\*

WORK PHONE:..... A.H. PHONE:.....

EMAIL:.....

## **Accounts Contact Person**

REPRESENTATIVE NAME:..... TITLE: (Proprietor/Director/Manager/Accounts)\*\*

WORK PHONE:..... A.H. PHONE:.....

EMAIL:.....

## **Business Ownership Details**

BUSINESS OWNER(S):.....

(Insert Company Name if business is owned/operated by a company)

TYPE: \*\*(COMPANY/TRUST/) \*\*ACN or ABN:.....

## **Business Owner Authorisation/Request**

I hereby apply on behalf of the Applicant for a Credit Account with OperaFoodsPtyLtd(theSupplier) and, in consideration of the Supplier agreeing to open such a Credit Account:

1. I warrant that the information provided above is true and correct.
2. I warrant that I am a principal/director/trustee/Manager of the Applicant described in this application and am authorised to make this application on the Applicant's behalf.

Applicant Signature:..... DATE: ...../...../.....

NAME:..... POSITION.....

Authorisers Ph:..... Authorisers Phone AH: .....

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**NOTE: ALL ACCOUNTS ARE PROVIDED FOR THE CONVENIENCE OF DELIVERY ONLY, NOT AS A METHOD OF FINANCE. PLEASE PAY ON INVOICES AS STATEMENTS ARE ISSUED FOR OVERDUE ACCOUNTS ONLY. Terms will revert to "Strictly Prepayment" if payments are not remitted by due date.**

**PLEASE FAX BACK TO (02) 4954 3133**