



26 Horan St
WEST END Q \4101
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APPLICATION FOR CREDIT

Name and Address to be used for Invoices, Statements etc:

NAME: _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

EMAIL: (for accounts) _____

Date of Commencement of Business: _____

If registered under Companies Act or Business Names Act please also state Full Registered Name & Address (if different from above):

FULL NAME: _____

FULL ADDRESS: _____

ACN: _____ ABN: _____

BANK: _____ BRANCH: _____

Contact Mobile Phone Number (in case of closure from fire etc): _____

IF FIRM OR PARTNERSHIP, Names and Addresses of DIRECTORS

1. _____

2. _____

Names of Associated Organisations: _____

Name and Position of Person Authorising Accounts:

NAME: _____

POSITION: _____

EMAIL: _____

PHONE NO: _____

NAMES and PHONE No's OF THREE BUSINESSES FOR CREDIT REFERENCES:

1. _____

2. _____

3. _____

ALL INFORMATION PROVIDED ON THIS CREDIT APPLICATION FORM IS
TRUE AND ACCURATE.

Date this _____ day of _____ 20 _____

Signed _____ Witness _____

Signed _____ Witness _____

PRIVACY ACT

We _____ and _____ being
directors/partners/sole trader of the above company/business in consideration of CJ's Pasta selling
to the company goods and services of credit hereby grant permission for the Referees listed above to
release sufficient information to ascertain the credit worthiness of our Company business.

Date this _____ day of _____ 20 _____

Signed _____ Witness _____

TRADING TERMS TO BE ADVISED ONCE CREDIT APPLICATION APPROVAL IS GRANTED