

BLUEBAG

feel good food

CORPORATE CREDIT APPLICATION

Company Details

Trading Name Nature of Business

Business Address Commencement date

Postal Address Bank and BSB

Fax ABN Number

Telephone Mobile contact

Email address Mobile Number

Corporate Account terms

Monthly credit \$ Terms COD 14 days

Number of cards required 7 days from EOM

Credit limit for individual cards \$ Invoice received with order weekly monthly

Company Directors/Owners

Full Name Date of birth

Address

Full Name Date of birth

Address

Trade References

Name Contact name/number

Name Contact name/number

Authority

I have read and understood Bluebag's terms and conditions and agree to be bound by their terms.

Bluebag reserves the right to remove credit facilities at any time. We will issue written advice prior to withdrawal. Credit account. Credit account terms and conditions accepted on behalf of the company by :

Date

Signed For and on behalf of

Print name Position

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