



# Al Natural Oysters Credit Application

## Business contact information

Contact name:			
Phone:	Fax:	E-mail:	
Address:			
City:	State:	Postcode:	
In business since:			
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>

## Business and credit information

Postal address:			
City:	State:	Postcode:	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	Postcode:	

## Business/trade references

<b>Company name:</b>		<b>Company name:</b>	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

<b>Company name:</b>		<b>Company name:</b>	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

## Agreement

1. All invoices are to be paid within 30 days of the date issued.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise Al Natural Oysters PTY LTD to make inquiries into the banking and business/trade references that you have supplied.

## Signatures

Title:	Title:
Date:	Date: