

Account Application



Are you requesting a Credit or Prepaid Account

If applicable, list your buying group:

Business Type: Company Partnership Sole Trader Other

ABN:.....

Registered Company Name:.....

Trading Name:

Commenced Trading Date: Type Of Business:

Postal Address:

Delivery Address:

Phone Number:..... Fax Number:

Accounts Email Address:

Specials Email Address*:

Dispatch Email: Address:

* Please note we will only be using this email address to send our specials once a month, if you would like more recipients of our specials, please list.

Full Name of Director/Partners or Owners:

TRADE REFERENCES

- Do not fill out the below section if you are applying for Prepaid Account or you are charging back to your account through a central billing Buying Group

Name:..... Address:

Phone..... Email:

Name:..... Address:

Phone..... Email:

Name:..... Address:

Phone..... Email:

I/We hereby apply to have goods supplied on a 30 day end of month account. It is agreed that if trading is granted :

1. Title of goods supplied will remain with Bainbridge Pty Ltd until payment is received in full.
2. I/We will pay all invoices within 30 days of the end of the month in which goods are dispatched from our warehouse.
3. I/We hereby authorise Bainbridge Pty Ltd to source any information required in response to credit enquiries.

Authorised Applicants Signature: **Date:**

Name in Full:..... **Position:**.....

Once completed Email: accounts@bainbridgevet.com.au or Fax: 1300 557 635
Any queries, please phone: 07 3348 8404

BAINBRIDGE OFFICE USE ONLY

Account Type

30 Day EOM Cash Only Other

Directors Authorisation

Date

