Dakota Flower Company PTY LTD

Growers and Wholesalers

CREDIT ACCOUNT APPLICATION

ABN: 52034485911 Email: flowers@dakotaflowercompany.com.au

Phone: 0425 801 758 Web: www.dakotaflowercompany.com.au

Fax: (03) 9718 1109

1. Details		
Tick one: Sole Trader Partnership Proprietary Company Trust Other:		
Company name:		
ABN:		
Billing address:	Suburb:	
	Postcode:	
Delivery address:	Suburb:	
	Postcode:	
Home address:	Suburb:	
	Postcode:	

Account Manager:	Phone:
Fax:	Mobile:
Emails	
Email:	
2. Payment	
Z. i aymon	
Name of Bank:	
Branch:	
DOD	400
BSB:	ACN:
CREDIT CARD DETAILS	
Type:	
No:	
Expiry:	
3. Trade References	
S. Trade Helefolises	
Company:	
Contact name:	
Telephone: ()	
Company	
Company:Contact name:	
Telephone: ()	
,	
Company:	
Contact name:	
Telephone: ()	
Full name of Company Proprietors, Partner or Dire	ctors Guarantee
, and an arrange of the state o	
Name:	
Position:	
Company Directors guarantee signature:	

Name:		
	on:	
	any Directors guarantee signature:	
Name:		
Positio	n:	
Compa	any Directors guarantee signature:	
Dakot	a Flower Company Terms and Conditions of Trade	
1.	As a client of DAKOTA FLOWER COMPANY you/your business agrees to	pay
	your invoice/account strictly within 30 days from issue date.	
2.	As a client of DAKOTA FLOWER COMPANY you/your business agrees to	рау а
	monthly surcharge of 7% of the invoiced amount until the invoice and all	
	surcharges relating to specific invoice are paid in full.	
3.	The Director of DAKOTA FLOWER COMPANY must receive written notice	for
	return/refund of flowers within 24 hours of purchase to be eligible for credit,	as
	flowers are perishable goods.	
D O:-	THE PARCETA ELONATED COMPANIVA CONTRACTA LAMB CONTRACTA HEALTH	-1
inform credit. TRADI to be conditi DAKO with co	Ining this DAKOTA FLOWER COMPANY agreement, I/We certify that the ation is true and correct and that I/We are authorised to make this applicated I have read and understand the GENERAL TERMS AND CONDITIONS of DAKOTA FLOWER COMPANY Pty Ltd which form part of, and are interested in conjunction with this credit application and agree to be bound by ons. I/We hereby agree that if the TERMS AND CONDITIONS are breached TA FLOWER COMPANY Pty Ltd will hold the right to transfer all costs associated in the contraction of overdue funds.	tion for NS OF tended these ed with
Signed	1:	
Date: _		

Circle one: Proprietor / Partner / Director / Authorised Signatory	
Print full name:	
Position in company:	
Guarantors details (if required):	
Print full name:	
Signature:	
Occupation:	
Drivers license no:	
Address:Postcode:	

*Return completed form via fax: (03) 9718 1109, scanned PDF document to flowers@dakotaflowercompany.com.au or directly to DAKOTA FLOWER COMPANY Director.

01 JULY 2015