



CREDIT APPLICATION

VULCANO GELATO PTY LTD ABN 53 131 282 730
47 Holt Street, ARDEER VIC 3022
T: (03) 8390 1844 | F: (03) 8390 2823 | E: info@vulcanogelato.com

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	Post Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	Post Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	Post Code :	
All Directors Full Name	Address		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 14 days from the date of the invoice.
2. Claims arising from invoices must be made within seven (7) working days.
3. By submitting this application, you authorise VULCANO GELATO PTY LTD to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: