

T— C ——— F— W—

## ACCOUNT APPLICATION

Business Name \_\_\_\_\_  
ABN \_\_\_\_\_ Liquor License Number \_\_\_\_\_  
Date of Incorporation \_\_\_\_\_ Years in Business \_\_\_\_\_  
Trading Address \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_  
Bank \_\_\_\_\_ Branch \_\_\_\_\_

### Owners Partners or Directors Information

- 1) Full Name \_\_\_\_\_  
Position \_\_\_\_\_ DOB \_\_\_\_\_  
Private Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone No \_\_\_\_\_ Drivers License \_\_\_\_\_  
Credit Card \_\_\_\_\_ Expiry Date \_\_\_\_\_
- 2) Full Name \_\_\_\_\_  
Position \_\_\_\_\_ DOB \_\_\_\_\_  
Private Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone No \_\_\_\_\_ Drivers License \_\_\_\_\_  
Credit Card \_\_\_\_\_ Expiry Date \_\_\_\_\_

### Accounts Department Contact

Contact \_\_\_\_\_ Tel \_\_\_\_\_  
Email \_\_\_\_\_

The Collection Fine Wines  
PO Box 670, Northcote VIC 3070  
thecollectionfinewines.com.au

ABN 64 148 189 628

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**Trade References**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Monthly statements will be settled by the 30<sup>th</sup> day of the following month otherwise credit will be withdrawn.

**Directors Guarantee**

All goods remain the property of The Collection Fine Wines PTY LTD until paid for in full.

I am/We are hereby authorised to make this application for credit and agree to abide by the trading terms listed on this form. I we acknowledge these terms and also personally guarantee payment of any and all accounts for goods purchased by this business/partnership/company together with any legal or out of pocket expenses associated with the collection of outstanding monies. I/we hereby authorise the above trade references to supply The Collection Fine Wines PTY LTD with details of our account as required.

1) Signature \_\_\_\_\_ Witness \_\_\_\_\_  
(Full Name) \_\_\_\_\_ Witness \_\_\_\_\_

2) Signature \_\_\_\_\_ Witness \_\_\_\_\_  
(Full Name) \_\_\_\_\_ Witness \_\_\_\_\_

For Office use only  
References checked                      Signed                      Dated

MAIL COMPLETED FORM TO PO BOX 670 NORTHCOTE VIC 3070 OR  
SCAN AND EMAIL TO WILLIAM@THECOLLECTIONFINEWINES.COM.AU