

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

T— C—— F— W—

Trade References

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Monthly statements will be settled by the 14th day of the following month otherwise credit will be withdrawn.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