



APPLICATION FOR CREDIT ACCOUNT

I _____ of _____

Request Ora Holdings Pty Ltd to open a credit charge account in the name

of _____

Credit limit required \$ _____ Trading term required _____ C.O.D or 14 days **CIRCLE**

Is business name registered? _____ Date of registration _____

Registered name of company _____ ABN Number _____

Registered office _____

Business Address _____

Telephone No _____ Fax No _____

Accounts Contact _____ Telephone No _____

Email Address – Accounts _____

Email Address – Owner/Chef/Manager _____

Directors/Proprietors/Office Bearers (Full names & private addresses)

1. _____ Telephone No _____

2. _____ Telephone No _____

3. _____ Telephone No _____

Driver's License No _____

Current Trade References & Phone No

1. _____ Telephone No _____

2. _____ Telephone No _____

3. _____ Telephone No _____

I/We request that Ora Holdings Pty Ltd open a credit account in My/Our name based on the information which has been supplied by Me/Us and declare that all such information is true and correct and authorize Ora Holdings Pty Ltd to obtain trading information from the commercial references supplied and to disclose trading information to other commercial suppliers whom we refer to you.

Signature Date

____/____/____

Signature Date

IN CONSIDERATION of you providing the facilities of a credit trading account **I/WE** agree to the following terms and conditions:

- a) All accounts are to be settled in full within seven (7) days of the date of statement.
- b) No returns of goods supplied will be accepted after 24 hours' delivery of the goods.
- c) Any expenses, costs or disbursements incurred in recovering any outstanding monies, including debt collection agency fees and solicitors cost will be paid by Me/Us.
- d) Notwithstanding any implication of law to the contrary, all contracts shall be deemed to be made and construed and to be enforceable in and according to the Laws of the State of Western Australia and by mutual consent to be subject to the jurisdiction of the courts of that State.
- e) Title of goods ordered shall not pass until full payment for them has been made. Entry to My/Our premises is permitted to regain possession of goods for which full payment has not been made.

I/We the Directors of _____ Pty Ltd

Hereby Guarantee Ora Holdings Pty Ltd payment of all monies that may be owing from time to time by

_____ Pty Ltd

I/We also agree to indemnify and agree to keep Ora Holdings Pty Ltd indemnified against all loss, damage, costs and expenses incurred by any breach of any agreement or obligation by

_____ Pty Ltd

Signature _____ **Position Held** _____

Signature _____ **Position Held** _____

Signature _____ **Position Held** _____

Delivery Instructions

Where goods are to be left _____

(if not properly secured the risk is the retailers)

Store/shop opening and closing times _____

Please Note the Following

- Minimum orders of **\$200.00** please or **a delivery fee may apply**
- All orders need to be placed by **3.00pm** to guarantee next day delivery
- Please notify us **immediately** if there is any change of ownership
- Ora Foods operating hours are Monday to Friday excluding public holidays

Darryl Archer	Orders / Warehouse	0419 778 951	orders@orafoodspertth.com
Kyran Hosey	Sales	0419 949 893	kyran@orafoodspertth.com
Darryl Hardman	Sales Rep	0404 970 882	darrylh@orafoodspertth.com

Please Return this Form to the emails or business address below

Accounts	Nicola Archer	0400 938 368	
ORA Foods	Unit 4 / 4 White Street Bayswater WA 6053		
Fax	9463 6477		
Email	accounts@orafoodspertth.com		orders@orafoodspertth.com