

## Credit Account Application

ALL FIELDS are mandatory and must be completed in full in block letters.

Please return to Customer Service via email to <a href="mailto:info@asurequality.com">info@asurequality.com</a>.

For terms & conditions of trade please refer to <a href="mailto:https://asurequality.com/about-us/terms-of-business">https://asurequality.com/about-us/terms-of-business</a>

Company:			Trading Name:				
Ро	stal Address:						
Ph	one:	Fax:					
Street Address:							
Ту	pe of Business: (circle one or more)						
Dairy / Food / Horticulture / Laboratory / Meat / Seeds / AQIS / Retailer / Government / Veterinary Medicine /							
Stock Feed / Environmental / Certification-Verification / Other:							
ABN/Company Reg # (if applicable): Estir		Estimated Mor	timated Monthly Credit Required: C		Credit Limit: (AQ to complete)		
\$		\$			\$		
Contact Name & Position: (Technical)			Contact Name & Position: (Account Enquiries)				
Phone:			Phone:				
Mc	bbile:		Mobile:				
Fax:			Fax:				
En	nail:		Email:				
		f Proprietors / Directors / Partners					
Na	me:		Address:				
Name:			Address:				
Please provide three Trade References							
	Company Name		Contact Name		Telephone	Email	
1							
•							
2							
3							
I/We hereby irrevocably authorise any person or company to provide AsureQuality with such information as you may require in response to you credit enquiry. I/We further authorise you to furnish to any third party details of this application and any subsequent dealings that I/We may hav with you as a result of this application being actioned. I/We hereby agree to the said terms and conditions of contract overleaf, or, as separatel negotiated in writing.							
Signature of DirectorNa			me of Director:		Date		
Signature of Director		Name of D	Name of Director:		Date		
Fo	r AsureQuality use only						
	edit Check Completed proved By			e			