



Credit Account Application

TO BE COMPLETED BY APPLICANTS AFTER READING
4FARMERS TERMS & CONDITIONS OF TRADE

CLIENT'S FULL or LEGAL NAME:

4Farmers Debtor Number (if Known)..... : ABN:..... ACN:.....

Phone: Fax:

Mobile: **Email:**

BILLING ADDRESS: PHYSICAL ADDRESS:

STATE: POSTCODE: STATE: POSTCODE:

FULL DETAILS OF OWNER / PARTNERS / DIRECTORS / TRUSTEES

Full Name: Full Name:

Home Address: Home Address:

Home Phone: Home Phone:

D.O.B: D.O.B:

Drivers Licence number Drivers Licence number

TICK ONE BEST DESCRIBING BUSINESS

Commercial broadacre family farm Reseller Horticulture/Small Farm

Corporate Farm Government Entity Other:

PLEASE STATE 4FARMER DISTRIBUTOR/S WHERE GOODS ARE PURCHASE

.....

Requested Credit Limit:

THREE TRADE REFERENCES

Contact 1:..... Contact 2: Contact 3:.....

Position: Position: Position:.....

Phone: Phone:..... Phone:.....

I certify that the above information is true and correct and that I am authorised to make this application for credit. I authorise the use of my personal information as detailed in the Privacy Act clause overleaf. I have read and understand the TERMS AND CONDITIONS OF TRADE of 4Farmers Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. ***I agree that if I am a director or a shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.***

SIGNED: SIGNED:

Name: Name:

Position: Position:

Date: ____ / ____ / ____ Date: ____ / ____ / ____