

APPLICATION – TRADE/ABN ACCOUNT

Applicant's Trading Name:

Name of Owners/Director(s):  
(Include company/trust details)

Business Address:

Postcode:

Postal Address:

Postcode:

Nature of Business:

Business Phone:

Fax:

Mobile:

ABN:

ACN:

E-Mail:

AGREEMENT

1. All invoices are to be paid on a C.O.D basis.
2. Claims arising from invoices must be made within 7 days of purchase.
3. Trade/Account card is to be used by card holder and nominated persons only.
4. All Green Nursery & Garden Supplies reserves the right to terminate Trade/Account card if misused.

SIGNATURES – (ALL OWNERS/DIRECTORS MUST SIGN)

Title:  
Date:  
Home Address:  
Contact Number:

Title:  
Date:  
Home Address:  
Contact Number:

OFFICE USE ONLY:

Form Accepted By (staff member):

Date Received:

Notes:



<p><b>AUTHORISED PERSONAL TO MAKE PURCHASES ON TRADE/ABN CARD</b></p>	
<p>I _____ (Account Owner/Director/Manager) authorise the follow people to make purchases on our Trade/Account card.</p>	
Trade/ABN Name:	Trade/ABN Number:
<p><b>AUTHORISED NAMES</b></p>	
Name:	Contact #:
	Email:
Name:	Contact #:
	Email:
Name:	Contact #:
	Email:
Name:	Contact #:
	Email:
Name:	Contact #:
	Email:
Name:	Contact #:
	Email:
Name:	Contact #:
	Email:
<p><b>SIGNATURES – (AUTHORISED PERSONAL ONLY)</b></p>	
Title:	Title:
Date:	Date:

