

Credit Account Application

**ALL FIELDS and CHECK BOXES are mandatory and must be completed in full**

**Please return to Customer Service via email to** info@asurequality.com

|  |  |
| --- | --- |
| **Company:** | **Trading Name:** |
| **Postal Address:** |
| **Phone:** | **Email:** |
| **Street Address:** |
| **Type of Industry:** (tick one or more)[ ]  Apiary [ ]  Government, Council, Industry Body [ ]  Consultancy [ ]  Health & Wellbeing [ ]  Pharmaceuticals[ ]  Dairy [ ]  Horticulture [ ]  Poultry [ ]  Food & Beverage [ ]  Meat [ ]  Seafood [ ]  Partner [ ]  Forestry [ ]  Petfood [ ]  Veterinary Medicine [ ]  Other:       |
| **ABN/Company Reg #** (if applicable)**:** | **Estimated Monthly Credit Required:**$      |
| **Contact Name & Position** (Technical): | **Contact Name & Position** (Account Enquiries): |
| **Phone:** | **Phone:** |
| **Mobile:** | **Mobile:** |
| **Email:** | **Email:** |

[ ]  I am authorised to sign on behalf of the company.

[ ]  I/We hereby irrevocably authorise any person or company to provide AsureQuality with such information as you may require in response to your 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 have with you as a result of this application being actioned.

[ ]  I/We hereby agree to AsureQuality’s current terms of business (available on website <https://www.asurequality.com/about/terms-of-business/>) or negotiated and agreed to in writing.

|  |  |  |  |
| --- | --- | --- | --- |
| Position Held:  | Name:  | Signature:  | Date: |