

# GOOD PROVISIONS

## NEW CUSTOMER APPLICATION

### APPLICANT INFORMATION

TRADING NAME OF THE BUSINESS

NAME OF COMPANY "the customer"

DATE COMMENCED

COMPANY #

TYPE OF BUSINESS: please circle

Limited Liability Co.

Sole Trader

Partnership

Incorporated

Other – Please specify

BUSINESS STREET ADDRESS (Commercial address required for chilled deliveries)

WEBSITE ADDRESS

PHONE

EMAIL ADDRESS FOR STATEMENTS

BRIEF DESCRIPTION OF BUSINESS

### DIRECTORS/PARTNERS/PROPRIETORS/COMPANY OFFICERS

FULL NAME:

HOME ADDRESS:

PHONE:

EMAIL:

FULL NAME:

HOME ADDRESS:

PHONE:

EMAIL:

### BUSINESS CREDIT REFERENCES

NAME:

PHONE:

NAME:

PHONE:

NAME:

PHONE:

I/we certify that all the information provided is correct. I/we agree to pay accounts as they fall due. I/we agree that Good Provisions Limited shall retain the ownership of all goods supplied and/or proceeds from goods sold until Good Provisions Limited have been paid the full amounts due. I/we agree to pay any debt collection costs and/or interest on overdue amounts at 2.5% per month. I/we understand that any claims for damage in transit or delivery errors must be made within 24 hours of delivery. I/we allow Good Provisions Limited to contact the companies above or make enquiries to furnish information relating to this application. For all other terms of trade, I/we agree that for the avoidance of doubt I/we will conduct business dealings with Good Provisions Limited as per the usual practices of the industry unless otherwise agreed in writing. I confirm that I am authorized to accept these terms on behalf of the "customer".

Name

Date

Signature

Position