**A.C.N 006 714 996**

**20 MICHELLAN COURT BAYSWATER 3153**
**PHONE: 03 9720-6622 FAX: 03 9720-6633**
**E-mail: info@redcoralseafood.com.au**

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**Dear Customer:**

Thank you for your interest in the products and services of this business.

We offer variety of trading terms, discounts, delivery schedules and terms and Conditions.

Where a client requires Commercial Credit we would ask them to complete the following Commercial Credit Application and where the applicant is a corporation or business name to also complete the attached Guarantee and Indemnity.

We endeavour to process and confirm your successful application within 48 hours of receipt of original of the application.

We look forward to a long, prosperous; and mutually rewarding business relationship with you.

Thank you.

Yours sincerely

EVA MARINOPOULOS

For direct deposit: WESTPAC **BSB: 033-187 ACCOUNT No: 166166**

Please complete forms and fax back to us ASAP.

THANK YOU



GUARANTEE AND INDEMNITY

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Name:
Trading Address:
Telephone Number:
Contact Name:
How long have you traded with this business?
What is your current credit limit with them?
What is your current account balance with them?
Are you currently in arrears with them?

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Name:
Trading Address:
Telephone Number:
Contact Name:
How long have you traded with this business?
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Name of Company: **RED CORAL SEAFOODS PTY LTD**

A.C.N: 006 714 996 ABN: 63 006 714 996

Business Address: **20 MICHELLAN COURT, BAYSWATER 3153**

Hereinafter referred to as **"the Commercial Credit Provider."**

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Type of Account and Terms being sought 7 DAYS FROM INVOICE

Maximum Account Limit: $

Note that this limit_____
Includes all of the terms and conditions of this Commercial Credit Application including those of the Guarantors.

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Your Details
If a Sole Trader/Partnership/Business name (ARBN).
All owners/partners of the business to complete one each.
Name:_____
Private (home) Address:_____
Private (home) Telephone Number:_____
Driver's Licence Number:_____
Date of Birth:_____
Hereinafter referred to as the Commercial Credit Applicant.

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If a company (A.C.N.)_____
(A.B.N.)_____
Company Name:_____
Registered Address:_____
A.C.N. Number:_____
Trading Address:_____
Telephone Number:_____
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**All Directors of the company to complete one each**

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Name:
Private (home) Address:
Private (home) Telephone Number:
Driver's Licence Number:
Date of Birth:
**Hereinafter referred to as the Commercial Credit Applicant.**

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**SCHEDULE**

***PLEASE NOTE**
**ALL NAMES AND ADDRESS DETAILS SHOULD BE PRINTED IN BLOCK LETTERS**
***Insert Company's name and if multi-structured organisation, the name of all companies.**

**THE DEBTOR (Company name):_____**

**TRADING AS:_____**

**REGISTERED ADDRESS:_____**
**_____POST CODE:_____**

***Insert names of directors of all debtor companies and if multi-structured organisation, all companies to be shown as guarantors.**

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**GUARANTOR (1)**
**PRINT NAME:_____PRINT ADDRESS:_____**

**SIGNED BY THE GUARANTOR:_____**

**IN THE PRESENSE OF: (PRINTNAME) _____**

**WITNESS SIGNATURE_____DATE:____/____/____**

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**GUARANTOR (2)**
**PRINT NAME:_____PRINT ADDRESS:_____**

**SIGNED BY THE GUARANTOR:_____**

**IN THE PRESENSE OF: (PRINTNAME) _____**

**WITNESS SIGNATURE_____DATE:____/____/____**

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**GUARANTOR (3)**
**PRINT NAME:_____PRINT ADDRESS:_____**

**SIGNED BY THE GUARANTOR:_____**

**IN THE PRESENSE OF: (PRINTNAME) _____**

**WITNESS SIGNATURE_____DATE:____/____/____**

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