

CAPGRAINS CREDIT APPLICATION FORM

CAPGRAINS CO-OPERATIVE ASSOC LTD - ABN 18 657 172 238

PART A **DETAILS OF APPLICANT**

All business Applicants to complete Section 1.
If The Applicant is a person or partnership, complete Section 2.
If The Applicant is a company or any member of the partnership is a company, complete Section 3.
If The Applicant or any member of a partnership is a trustee, complete Section 4.

Section 1

Full legal trading name: _____
Australian Business Number: _____
If ABN Number is a Trust Company – please advise A C N Number: _____
Physical address of business: _____
Postal address of business: _____
Telephone No: _____ Mobile Phone No: _____ Facsimile No: _____

Section 2

Name and address of proprietor or partners:
Full Name: _____ Residential Address: _____

Section 3

(a) Company name: _____

(b) Names and addresses of all Directors:

<u>Full name:</u>	<u>Residential address:</u>
_____	_____
_____	_____
_____	_____
_____	_____

Registered Office of Company: _____



HEAD OFFICE: ROCKHAMPTON

150 Kent Street PO Box 5826
Rockhampton CQ Mail Centre
Queensland 4700 Queensland 4702

TELEPHONE: (07) 4936 0400
FACSIMILE: (07) 4927 9514

WEB ADDRESS: www.capgrains.com.au

Section 4

Is the Proprietor of the Business a Trustee? Yes/No

If yes,

(a) Full name and address of Trustee:

(b) Full name of Trust:

PART B CREDIT INFORMATION

1. Name of Bank:

2. Bank Branch at which account held:

3. BSB No: _ _ _ - _ _ _

4. Account No:

5. Are business premises owned or rented?

6. Is house of The Applicant(s), if natural persons or principal Directors of any Applicant Company, owned, rented or being paid off?

7. Credit references: *(Four to be supplied – and at least two to be major suppliers, ie chemical, seed, fuel, etc)*

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
a)
b)
c)
d)

8. If you are an employee, what is the name of your employer?
.....

9. Name, address and telephone number of any other credit suppliers:
.....
.....
.....

10. What do you estimate will be the maximum amount of credit required by you in any one month:
\$

11. How long has business, if any, been carried on by The Applicant.

12.

Email Address:

OFFICE USE ONLY APPLICATION PROCESSING CHECKLIST		
CREDIT REFERENCES CHECKED:	DATE:	SIGNATURE:
CREDIT LIMIT APPLIED FOR:		
CREDIT LIMIT APPROVED:	AMOUNT:	
MANAGER'S APPROVAL:	DATE:	SIGNATURE:
BOARD APPROVAL: <small>(IF APPLICABLE)</small>	DATE:	SIGNATURE:
ACCOUNT CODE:		
LETTER(S) SENT:	DATE:	
MEMBERS ONLY		
MEMBERSHIP BOOK SENT:		
MEMBERSHIP CARDS SENT:		
MEMBERSHIP NO.:		
FAX LISTS UPDATED:		