



## 30 day Credit Application Form

### Proteaflora Nursery Pty Ltd

Legal registered name of business: .....

Trading Name of business: .....

**Nursery Industry Trade Account References:** (Suppliers currently giving you credit):

	Business Name	Contact Name	Email address
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....

Are you a member of any trade association? If so please list:

1.	.....
2.	.....

We wish to make application to open a credit account with Proteaflora Nursery Pty Ltd. We agree that payment shall be made within 30 days of the end of the month in which the transaction takes place. All accounts will have a limit on the amount of credit extended. Please indicate the maximum credit required \$.....

Proteaflora reserve the right to cease supply if your account is overdue or in excess of your credit limit.

I/We being the person(s) named as the Applicant(s) or where the Applicant is a Corporation being the Directors of the Applicant as specified in this Application authorise Proteaflora Nursery Pty Ltd to make any enquiries (including obtaining a Credit Report) concerning my/our credit worthiness or as to the accuracy of the information provided in the Application and consent to any Credit report concerning me/us being made available to Proteaflora Nursery Pty Ltd for the purpose of assessing this Application for Credit and authorise Proteaflora Nursery Pty Ltd to exchange or disclose information concerning my/our credit worthiness or this Application form or to any person or source and acknowledge that all or some of the information may be disclosed to a Credit Reporting Agency within the Privacy Act 1988 as amended.

I/We further authorise Proteaflora Nursery Pty Ltd to make any additional periodic checks that it sees fit to continue its assessment.

If the account is overdue, Proteaflora reserves the right to refer the account to a collection agency for collection and I/We agree to be responsible to meet all reasonable costs and commission incurred in employing the said collection agent to collect the overdue account. Goods remain the property of Proteaflora until paid for in full.

Signature: .....	Signature: .....
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Name: .....	Name: .....
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Position: .....	Position: .....
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Date: .....	Date: .....
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**Please return completed form to [accounts@proteaflora.com.au](mailto:accounts@proteaflora.com.au)**

Proteaflora Nursery Pty Ltd  
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