



**Application to Trade**

1-3 Geddes St., Mulgrave VIC 3170 Australia  
t: 03 9560 1788 f: 039560 0764 ABN:89605940985

[www.visitonline.com.au](http://www.visitonline.com.au)

[www.visit.com.au](http://www.visit.com.au)

[customerservice@visit.com.au](mailto:customerservice@visit.com.au)

Office Use Only:  
Acc. No

Date:--/--/--	Are you taking over a business that is already a VISIT customer? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what is the name (or Account No.) of the current business?.....	

**Business contact information**

Registered Business Name:				ABN/ACN::	
Customer Trading Name: (if different to above)					
Company <input type="checkbox"/>	Sole trader <input type="checkbox"/>	Online <input type="checkbox"/>	Store front <input type="checkbox"/>		
Retail <input type="checkbox"/>	Travel Industry <input type="checkbox"/>	Not for Profit <input type="checkbox"/>	Sport: <input type="checkbox"/>	Government: <input type="checkbox"/>	Hospitality: <input type="checkbox"/>
Attraction: <input type="checkbox"/>	Accommodation: <input type="checkbox"/>	Promotional: <input type="checkbox"/>			Other: <input type="checkbox"/>

**Proprietor/Director**

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> First Name:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> First Name:
Last Name:	Last Name:
Telephone/Mobile No:	Telephone/Mobile No:
In business since:	Previous Business Name (if applicable)

**Business Delivery Address:**

Address::		
City:	State:	Postcode:
Telephone:	Fax:	E-mail:
Any special instructions:		

**Invoice/Correspondence Address: (if different to above)**

Address::		
City:	State:	Postcode:

**Contact Information: Sales/Buyer**

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> : First Name:	Position:
Last Name:	
Email Address:	Telephone: 0- ---- ----      Mobile:

**Contact Information: Accounts Payable:**

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> : First Name:	Position:
Last Name:	Telephone: 0- ---- ----
Email Address for Statements:	

**Order Requirements:** Is order number required on deliveries? Y  N

**Three Business/Trade References (Note – that tobacco and/or beverage companies don't provide trade references)**

<b>Company Name &amp; Contact:</b>	<b>Company name &amp; Contact:</b>	<b>Company name &amp; Contact:</b>
Telephone/Mobile: 0- ---- ----	Telephone/Mobile: 0- ---- ----	Telephone/Mobile: 0- ---- ----
E-mail:	E-mail:	E-mail:

**Trading Terms and Conditions Agreement**

- I/We agree that VISIT Group P/L (the Seller) may give or seek any information about the applicant's commercial credit worthiness, as far as permitted by law.
- I/We understand and agree that terms are strictly net 30 days, i.e. payment is due within 30 days of the end of the month of the invoice e.g. invoice date 14 April – payment due by 30 May.
- VISIT Group reserves the right to stop supply and/or take legal action for accounts in arrears.
- The applicant is liable for all costs, fees and charges incurred by the Seller in recovering any monies owed to the Seller (including Collection Agency commissions and Solicitors/client costs).
- Freight and other ancillary services are charged to the applicant at cost.
- Ownership of goods transfers to the applicant on receipt of payment for goods.
- I/We understand (the undersigned) and agree to comply with the Trading Terms and Conditions of VISIT Group Pty Ltd. (please complete for your application to be processed)

<b>Signatures of Proprietors or Directors</b>		<b>Office use only</b>			
.....	.....	AM Initials	TER	Email	
Name:.....Date.....	Name:.....Date.....	AM No.	FGT	Memo	
				VOL	
				Email	