

JAVA GOURMET GOLD COAST PTY LTD  
ACN: 125 530 412  
ABN: 36 125 530 412



## CURRENT / NEW CUSTOMER APPLICATION

### BILL TO INFORMATION

|                  |        |            |
|------------------|--------|------------|
| Company name:    |        |            |
| Company contact: |        |            |
| Phone:           | Fax:   | E-mail:    |
| Company address: |        |            |
| City:            | State: | Post Code: |
| ACN:             | ABN:   |            |

### DELIVERY INFORMATION

|                  |                  |                  |
|------------------|------------------|------------------|
| Company name:    |                  |                  |
| Company contact: |                  | Company contact: |
| Phone:           | Phone:           | Phone:           |
| Company address: | Company address: |                  |
| City:            | City:            |                  |
| Company name:    | Company name:    |                  |

### TRADING TERMS (PLEASE CIRCLE)

|                  |  |
|------------------|--|
| CASH ON DELIVERY |  |
| 7 DAY ACCOUNT    | (Credit needs to be approved by Java Gourmet Gold Coast Pty Ltd)<br>(A credit application will need to be completed) |
| 14 DAY ACCOUNT   | (Credit needs to be approved by Java Gourmet Gold Coast Pty Ltd)<br>(A credit application will need to be completed) |

### BUSINESS/TRADE REFERENCES

|               |        |           |
|---------------|--------|-----------|
| Company name: |        |           |
| Address:      |        |           |
| City:         | State: | ZIP Code: |
| Phone:        | Fax:   | E-mail:   |
| Company name: |        |           |
| Address:      |        |           |
| City:         | State: | ZIP Code: |
| Phone:        | Fax:   | E-mail:   |

### AGREEMENT

1. All invoices are to be paid within agreed account terms.
2. By submitting this application, you authorise JAVA GOURMET GOLD COAST PTY LTD to make inquiries into the business/trade references that you have supplied.

### SIGNATURES

|        |        |
|--------|--------|
| Title: | Title: |
| Date:  | Date:  |

PLEASE PRINT, FILLOUT AND FAX THIS FORM TO OUR JAVA GOURMET HEAD OFFICE:  
FAX: 07 55 000 900