



AR FOODSERVICE PTY LTD
 ABN: 39 614 538 484
AR FOODSERVICE
 159 – 161 Herald street
 CHELTENHAM VIC 3192
 Ph: 9553 0002
 Fax: 9553 0092
 E: sales@arfood.com.au



NEW ACCOUNT APPLICATION FORM

I/We hereby request to open a trading account with AR Foodservice Pty Ltd and submit the following confidential information only for this objective.

Business profile details (Required)

ABN:	ACN:
Company Name:	
Business / Trading Name:	
Registered Business Address:	
Business Phone:	
Mobile:	
Email:	

Terms and Conditions

1. PRIVACY ACT: The Customer in its own right and on behalf of any interested person(s) HEREBY CONSENTS to AR Foodservice (subject to its obligations under the *Privacy Act 1988* (Cth)) at any time collecting, using and/or disclosing commercial and/or consumer information about the Customer and/or any interested person(s): (i) which relates to but is not limited to identity, credit history and/or solvency; (ii) for the purpose(s) of assessing creditworthiness, risk and/or solvency and/or enforcing any of AR Foodservices rights; and/or (iii) by arrangement with any authorised agent(s), credit provider(s) and/or reporting service(s) and the like (including any banker(s), the ASIC, ITSA etc.). AR Foodservice may refuse to grant credit or trade with, if any information to which it is entitled is inaccurate or not provided and otherwise agrees to allow the Customer access to all such information. This Application may be produced as conclusive evidence of such consent.

2. The person signing below other than as the Customer signs for and on behalf of the Customer as agent ["the Agent"]. The Agent HEREBY REPRESENTS AND WARRANTS that: (i) the Customer has authorised the signing of this Application; (ii) all information provided to AR Foodservice in this Application is true and correct; and (iii) the Customer shall provide any interested person(s) with a copy of this Application. The Customer HEREBY ACKNOWLEDGES that AR Foodservice will rely on and be induced by each representation of the Customer in deciding whether or not to grant credit to and/or to deal with the Customer (any and all such dealings being at all times subject to the **GENERAL TERMS AND CONDITIONS OF TRADE** for the time being used by AR Foodservice and as amended from time to time).

3. The customer HEREBY AGREES in all dealings with AR Foodservice to be bound by AR Foodservices **GENERAL TERMS AND CONDITIONS OF TRADE**, which can be viewed at www.arfood.com.au (and all other terms of this application).

Principles details (Directors / Partners / Trustees / Proprietors) (Required)

1. Full name:		
Personal Address:		
Drivers Licence:	Phone number:	Email:
2. Full name:		
Personal Address:		
Drivers Licence:	Phone number:	Email:

Type of Account

<input type="checkbox"/> COD - credit card payment to be processed at the time of dispatch <input type="checkbox"/> 7 Days from Invoice: <input type="checkbox"/> Remit Payment via direct deposit (using invoice number as reference) OR <input type="checkbox"/> Credit card payment to be processed 7 days from invoice date.	
Trade references (required for 7 Days from Invoice accounts)	
1. Name:	Phone:
2. Name:	Phone:
Direct Deposit payments to be made to: AR Foodservice Pty Ltd	
Bank: Commonwealth Bank BSB: 063-133 Account: 1136 1062	

I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application may have legal implications.

Name: _____ **Signature:** _____ **Date:** _____



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Delivery Details (Minimum order \$250 Melbourne Metro delivery. \$25 delivery fee charged on orders under minimum)

Delivery address: (Required)	
Is this a Residential address: <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Authority to leave stock unattended <input type="checkbox"/> YES <input type="checkbox"/> NO
Forklift Unload: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chep account number:
Business Trading Hours: Delivery Reveal Times:	
Special delivery instructions: (Example: Rear delivery via back lane, call 30 min before arriving etc)	

Contact Information (Required)

Ordering	Name:	Phone:
	Email:	
Accounts	Name:	Phone:
	Email:	
Documentation	Statement Email: Invoice Email: Credit Note Email:	

Method of Payment (Required)

Credit / Debit Card Authorisation	
Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Debit Card	
Payment run date: <input type="checkbox"/> Date of Invoice <input type="checkbox"/> 7 Days from Invoice	
Card Holders Name:	CVV:
Card Number:	Exp Date: (MM/YY)
<p>I, _____ am an authorised representative of _____ and hereby authorize AR Foodservice Pty Ltd to charge the credit/debit card above for the full value of each invoice, either prior to or on the day each invoice is raised, or as per approved trading terms. I also understand that:</p> <ul style="list-style-type: none"> • My information will be saved to file and may be used for future and overdue transactions on my account. • This authorization will remain in place until thirty days after written notice to cancel is received by AR Foodservice Pty Ltd. <p>I hereby declare that the details above are true and correct to the best of my knowledge. In case any of the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held legally liable.</p>	
Name:	Signature:
	Date: