



*Dolce group*

Dolce Group ABN 74 115 178 026

Trading as Dolce Ristorante, Dolce Espresso Bar & Dolce Panini

Shop 1, 2-3 & 4 Deutsche Bank Place, 126 Phillip St. Sydney  
NSW 2000

Phone: 9232 1835 Fax: 9232 3489

www.dolce.com.au

## 14 DAY CREDIT ACCOUNT APPLICATION FORM

Please return by facsimile to 02 9232 3489

### COMPLETE IF REGISTERED COMPANY:

Name of Company : \_\_\_\_\_

A.B.N. : \_\_\_\_\_ A.C.N. : \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Trading Name : \_\_\_\_\_

Registered Office : \_\_\_\_\_

Full Names of Directors : 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Name of Manager/Contact : \_\_\_\_\_

### COMPLETE IF SOLE TRADER OR PARTNERSHIP:

Trading Name : \_\_\_\_\_ A.B.N. : \_\_\_\_\_

Details of Partners/Proprietor :

1) Name : \_\_\_\_\_ D.O.B. \_\_\_\_\_ D/LIC. NO. \_\_\_\_\_

Address : \_\_\_\_\_

2) Name : \_\_\_\_\_ D.O.B. \_\_\_\_\_ D/LIC. NO. \_\_\_\_\_

Address : \_\_\_\_\_

Name of Manager/Contact : \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING DETAILS:

Business Address : \_\_\_\_\_

Postal Address : \_\_\_\_\_

Telephone No : \_\_\_\_\_ Fax No : \_\_\_\_\_

Email: \_\_\_\_\_

Credit Limited Required : \$ \_\_\_\_\_

Firm of Accountants/Auditors : \_\_\_\_\_

Name of Bank : \_\_\_\_\_ Branch : \_\_\_\_\_

Trade References :

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No : \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List of Person(s) authorised to purchase goods on applicant's behalf:

Name and Position:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

The information provided herewith is true and correct to the best of my knowledge. If an account is granted I/we undertake to comply with the approved credit terms of **Dolce Group Pty Ltd**

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_ Position Held : \_\_\_\_\_

**PLEASE NOTE THIS APPLICATION IS NOT COMPLETE UNTIL PAGE 3 OF THIS FORM IS SIGNED.**