

Customer Credit Account Form

Please complete the following details and return to accounts@multikraft.com.au

Company Name		ABN	
Trading Name		Years Trading	
Physical Address			
Suburb	State	Postcode	
Postal Address			
Suburb	State	Postcode	
Accounts Contact		Phone	
Accounts Email			
Delivery Address			
Suburb	States	Postcode	
Delivery Contact		Phone	
Delivery Email			
<input type="checkbox"/> We have a preferred carrier (Please complete details below)		<input type="checkbox"/> We will use Multikraft's carrier (Please continue to credit section)	
Carrier Name		Phone	
Contact Name		Email	
<p>Only complete this section if you are applying for a 14 day credit account</p> <h3>Credit Account Application</h3>			
Credit Limit Requested (monthly):			
Please supply two trade references			
Company Name		Company Name	
Address		Address	
Contact Name		Contact Name	
Phone		Phone	
Email		Email	

Credit Terms

All invoices are to be paid within 14 days from invoice date.

Please contact accounts@multikraft.com.au for Standard Terms & Conditions, or visit www.multikraft.com.au.

I understand and agree with the terms and conditions of Multikraft Probiotics Australia Pty Ltd.

Signed		Name	
Date		Position	

Please email all purchase orders to orders@multikraft.com.au.
All order confirmations will be sent to your nominated delivery email.

Please email all remittances to accounts@multikraft.com.au.
All invoices and statements will be sent to your nominated accounts email.

Office use only	
Approved By	
Date	
Credit Limit	

Administration:

2510/5 Lawson Street, Southport QLD 4215

PO Box 613 Main Beach QLD 4217

accounts@multikraft.com.au

T: 1300 642 762