



A.B.N 34 001 986 027

**ECO-FARMS P/L**

**Head Office (NSW)**

167 Parramatta Road  
HOMEBUSH NSW 2140  
P: 02 9764 2833  
F: 02 9746 6174  
info@ecofarms.com.au

**QLD BRANCH**

7 Shoebury Street  
ROCKLEA QLD 4106  
P: 07 3892 2400  
F: 07 3892 2477  
brisbane@ecofarms.com.au

**VIC BRANCH**

17 Mephan Street  
FOOTSCRAY VIC 3011  
P: 03 9318 3055  
F: 03 9318 3655  
orders.melbourne@ecofarms.com.au

**CUSTOMER INFORMATION FORM**

Please fill in all information on this form and send back with your application form to the appropriate branch listed above. Please ensure that all information is legible, if you have any questions regarding these forms please call the office.

CUSTOMER NAME: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**1. Which Product Categories are you interested in buying (circle all that apply):**

Dry Grocery                      Chiller Grocery                      Bulk Commodities                      Fresh Fruit & Vegetables.

**2. Please list the details and preferences of your Accounts & Procurement staff.**

➤ Ordering Contact Info - **Grocery/Bulk Commodities**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How would you like Grocery Out of stocks communicated?(Please circle) Text / Email  
Would you like grocery updates emailed to you? These are emailed once a week.(Please circle) Yes / No

➤ Ordering Contact Info - **Fresh Fruit & Veg**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How would you like Product Out of stocks communicated?(Please circle) Text / Email  
Would you like Produce Lists emailed to you? These are emailed 2-3 times a week.(Please circle) Yes / No

➤ Accounts Contact Info

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. In general how would you like to be contacted? Phone, email etc.** \_\_\_\_\_

**4. Invoices, Statements & Credit Notes are emailed through as they are created. However our computer system can send to one email address only, please note your preferred email for all paperwork:**

\_\_\_\_\_

**5. Please list your delivery arrangements:** \_\_\_\_\_

Eco-Farms delivers to Metropolitan areas of Sydney, Melbourne & SE QLD, areas are defined separately per state. If you would like Eco-Farms to deliver please write "Eco-Farms Transport", someone will contact you with the delivery days and charges.

Outside these areas customers will need to arrange their own freight/deliveries/pickups. We can deliver into other freight company depots in the areas listed above.

**6. How did you hear about Eco-Farms? (Please circle one)**

Web site                      Current Eco-Farms Customer                      Advertisement                      Phone Book  
Grower                      Facebook/Twitter                      Rep Visit                      Other: (Please specify) \_\_\_\_\_

**7. What is the nature of your business ? (eg. cafe, healthstore, gym, online store, co-op)**

\_\_\_\_\_





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Sections 1-5 of this account application **must be completed in full** and be signed by the applicant.  
PLEASE PRINT CLEARLY and return your form **via email to the relevant address above** . Incomplete applications will not be processed.

**1. Registered Business Name:**  \_\_\_\_\_ **ABN:**  \_\_\_\_\_

**Business Trading Name:**  \_\_\_\_\_

**Registered Address:**  \_\_\_\_\_

**Delivery Address:**  \_\_\_\_\_

**Telephone :**  \_\_\_\_\_ **Email:**  \_\_\_\_\_

**2. Type of Business (Sole Owner, Propriety Limited, Incorporated):**  \_\_\_\_\_

**Years in Business:**  \_\_\_\_\_ **Date of Incorporation/Registration:**  \_\_\_\_\_

**Directors / Partners / Proprietors:**

**1. NAME:**  \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**2. NAME:**  \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**3. ALL NEW ACCOUNTS ARE COD UNLESS OTHERWISE NEGOTIATED WITH OUR HEAD OFFICE**

**BANK DETAILS:**

**Bank:** \_\_\_\_\_ **BSB:** \_\_\_\_\_ **A/C No:** \_\_\_\_\_ **Bank A/C Name:** \_\_\_\_\_

**4 Permission is given to contact the following business references:**

	NAME	COMPANY	PHONE	FAX
1.	<input checked="" type="checkbox"/>	_____	_____	_____
2.	<input checked="" type="checkbox"/>	_____	_____	_____

**5. Terms of payment: COD (unless otherwise agreed) DATE:**  \_\_\_\_\_

**DIRECTORS / OWNERS / PROPRIETORS GUARANTEE**

I/We the undersigned, in consideration of Credit Facilities being provided by ECO-FARMS PTY LTD, jointly and severally and irrevocably guarantee the debt provided to:

\_\_\_\_\_ (COMPANY NAME).

This guarantee shall be a continuing guarantee (and non-revocable) to the Supplier for the whole of Applicants indebtedness or liability to the Supplier.

I/We understand that Eco-Farms Pty Ltd will charge interest at current bank rates on overdue accounts, debt collectors charges, commissions and Legal costs of recovering the debt. I/We accept that the Proprietor(s) Director(s) listed in Section 2 above is / are the Principal(s) in orders placed and invoices rendered and responsible for payment of those invoices unless notified in writing and acknowledged in writing by Eco-Farms Pty Ltd. I / We declare that the information given in this Application is correct in every detail.

Should the identity/particulars of the applicant be found to be incorrect (in the Supplier's opinion) then the person/s signing on behalf of the Applicant shall be deemed to be personally liable and stand in place of the Applicant and agrees to be personally bound by the Terms and Conditions thereof and deemed to have the necessary authority to enter into this Agreement.

Notwithstanding any arrangement between the Customer and Eco-Farms Pty Ltd regarding credit, the title to and property in Goods at any time sold by Eco-Farms Pty Ltd to the Customer shall not pass to the customer until all Monies owed by the Customer on the Account to Eco-Farms Pty Ltd have been paid in full to Eco-Farms Pty Ltd and the title and property in any such Goods shall remain solely with Eco-Farms Pty Ltd until such payment as aforesaid.

**1. OWNER/PROPRIETOR:**  \_\_\_\_\_ **2. OWNER/PROPRIETOR:** \_\_\_\_\_

**SIGNATURE:**  \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PRIVATE TEL NO:**  \_\_\_\_\_ **PRIVATE TEL NO:** \_\_\_\_\_

**WITNESS NAME:**  \_\_\_\_\_ **WITNESS NAME:** \_\_\_\_\_

**WITNESS SIGNATURE:**  \_\_\_\_\_ **WITNESS SIGNATURE:** \_\_\_\_\_

Companies **MUST** use company stamp / seal

**FIELDS MARKED WITH AN 'X' MUST BE FILLED OUT**