



# SUPPLIER'S APPLICATION FORM

## SUPPLIER DETAILS

APPLICANT'S NAME

\_\_\_\_\_  
(Insert Company Name or, if a Registered Business, insert Proprietor's Name not Registered Business Name)

ACN &/or ABN

\_\_\_\_\_

SHORT/TRADING NAME

\_\_\_\_\_

BUSINESS ADDRESS

\_\_\_\_\_  
(No.) (Street) (Suburb/Town)

BUSINESS PHONE No.

FAX No.

\_\_\_\_\_

EMAIL

MOBILE

\_\_\_\_\_

BANK

\_\_\_\_\_

BRANCH

\_\_\_\_\_

BSB

\_\_\_\_\_

ACCOUNT NAME

\_\_\_\_\_

ACCOUNT NUMBER

\_\_\_\_\_

The person making this application must fill in the details below-

SURNAME

FIRST NAME

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_  
(No.) (Street) (Suburb/Town) (Post Code)

HOME PHONE No.

FAX No.(if any)

\_\_\_\_\_

EMAIL

\_\_\_\_\_

DRIVER'S LICENCE No.

VEHICLE REG No.

\_\_\_\_\_

Region  (tick one)

South Coast NSW

North Coast NSW

Inland NSW

Sydney

WA

NT

QLD

VIC

SA

TAS

New Zealand

Are you GST Registered?

Yes  No

Catchers Trust Unit No.

\_\_\_\_\_  
(NSW Suppliers Only)

*"On behalf of the Applicant, I acknowledge that I have read and agree to be bound by the attached Operating Rules and that this Agreement will take effect on the date of approval by Sydney Fish Market."*

### OFFICE USE ONLY

APPROVED

NOT APPROVED

Signature

\_\_\_\_\_  
(If the Applicant is a Company, the person making this application must be a Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credit Manager

\_\_\_\_\_  
Position