



EXOTIC NURSERIES  
& LANDSCAPING

**TRADING APPLICATION**

TRADING NAME: \_\_\_\_\_

ADDRESS FOR THE ACCOUNT: \_\_\_\_\_ ABN \_\_\_\_\_

PHONE NO: \_\_\_\_\_ CONTACT: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

REGISTERED OFFICE: \_\_\_\_\_

ARE THESE PREMISES RENTED ( ) OR OWNED ( )

DIRECTORS ( ) PARTNERS ( ) SOLE TRADER ( ) PLEASE INDICATE

HOW LONG HAVE YOU BEEN IN BUSINESS: \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

TRADE REFERENCES:

1. \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

2. \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

3. \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERSONAL GUARANTEE**

THE UNDERSIGNED PERSONALLY GUARANTEES THE PAYMENTS OF ALL DEBTS INCURRED

BY: \_\_\_\_\_

NOW OR HEREAFTER TO EXOTIC NURSERIES AND LANDSCAPING PTY LTD. AND THAT THIS  
GUARANTEE IS A CONTINUING GUARANTEE.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_