



# FISHCo Fish Market

HACCP Certified

Seafood Distributors & Processors  
Established 1997. Celebrating 17 Years of Servicing the ACT & Region

## Re: Application for Credit Terms

Dear Sir / Madam,

Thank you for your interest in applying for Credit Terms with FishCo Fish Market.

We are a family owned and operated business specialising in the distribution and processing of fresh & frozen fish and seafood to the ACT and region. We take pride in supplying a large variety of quality produce at competitive prices.

We have drawn on over 30 years in the industry to establish excellent relationships with a quality supply chain that encompasses Australia and overseas. We buy from Sydney Markets as well as directly from quality assured Fishermen's Co-ops and Aquaculture Farms, with deliveries arriving daily.

Our wholesale customers can take advantage of wholesale pricing which is emailed/faxed weekly with a stock listing, and delivery within the ACT.

Please find a Credit Application attached. Please note that our Credit Trading terms are 14 days from date of each invoice. Accounts may be temporarily placed on "payment on delivery" (COD) terms if they become overdue.

Accounts can be paid by Electronic Funds Transfer, Credit Card or Cheque.

If you accept our Trading Terms & Conditions which are outlined on page two, please fill out the application form and return to Head Office. Please note that by signing the application, you will be personally responsible for payment of the account as per our Terms.

Sincerely,

Anthoula Fragopoulos  
Finance Officer

**Volanne Pty Ltd**

ABN: 90 077 412 232  
Shop 4&5 Belconnen Markets  
Belconnen ACT 2617  
Phone: 02 6251 2552

**FishCo Pty Ltd**

ABN: 22 320 743 470  
19 Dalby Street  
Fyshwick ACT 2609  
Phone: 02 6239 6415

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Head Office: Fyshwick  
Phone: 02 6239 6412  
Fax: 02 6232 7266  
[accounts@fishco.com.au](mailto:accounts@fishco.com.au)

John Fragopoulos: 0411 605 450  
Email: [info@fishco.com.au](mailto:info@fishco.com.au)

Tony Fragopoulos: 0400 697 913  
Web: [www.fishco.com.au](http://www.fishco.com.au)

# FISHCO FISH MARKET - CREDIT APPLICATION

## VOLANNE PTY LTD

ABN 90 077 412232

Registered Business Name: \_\_\_\_\_

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

ABN: \_\_\_\_\_ Year this business was established: \_\_\_\_\_

Business Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

AH Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Number: \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

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

Kitchen Contact (Chef/Orders if different from above): \_\_\_\_\_

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

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

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

Contact Name for Account Queries: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

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

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

**NB: Our Credit Terms are 14 Days from date of each invoice.** Credit Limit Applied for: \$ \_\_\_\_\_

### **Please Tick where Appropriate:**

Premises Owned  Leased

### **Business Structure:**

Sole Trader  Private Company

Partnership  Public Company

Trustee  Incorporated Body

### **Trade/Business References**

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

## **Trading Terms and Conditions**

In consideration of FishCo Fish Market of 19 Dalby St, Fyshwick, and Shops 4 & 5 Belconnen Markets, Belconnen in the Australian Capital Territory having, at the request of the guarantor(s), agreed to supply the business named in the credit application hereto with various FishCo Fish Market products.

The Guarantor(s) hereby jointly and severally guarantee payment to FishCo Fish Market of all monies payable by the business for all such goods supplied by FishCo FishCo Fish Market to the business.

In order to give further effect to this guarantee the guarantor(s) declare that FishCo Fish Market shall be at liberty to act as though the guarantor(s) was the principal debtor. If at any time, any monies which the business is required to pay to FishCo Fish Market for supply of goods, shall be in arrears and unpaid the guarantor shall on demand forthwith pay such monies to FishCo Fish Market including monies in excess of the credit limit.

In addition, I/We agree to pay interest to FishCo Fish Market, at the interest rate FishCo Fish Market is charged by their bank, on money that is overdue and outside the trading terms. It is agreed that all stock supplied by FishCo Fish Market remains the property of FishCo Fish Market and can be retrieved at any time until such time that all monies owed are repaid in full.

The customer shall pay any expenses, costs or disbursements incurred by FishCo Fish Market in recovery of any outstanding monies.

**Full Name and Home Address of Partners/Proprietors/Directors who personally guarantee payment of this account:**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_ Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_ Full Name: \_\_\_\_\_

**FISHCO FISH MARKET - CREDIT CARD AUTHORITY**  
**VOLANNE PTY LTD**  
ABN 90 077 412232

I authorise FISHCO PTY LTD to debit my credit card for payment of invoices as nominated below. I accept that if credit card payment is declined by my bank I will be contacted immediately and if immediate payment cannot be made, an invoice will be forwarded to me with seven (7) day payment terms.

I accept that my credit terms will be suspended until payment is received and any orders will require payment on delivery (COD) by cash, cheque or credit card over the phone.

**Date:** \_\_\_\_\_

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

**Authorised Person:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please select your preferred payment terms:**

- Per Invoice** – Please charge my credit card within 24hrs of receipt of goods and invoice.
- Per Month** – Please charge my credit card on the 1<sup>st</sup> of the Month for the previous month's total account.
- Upon Verbal Authorisation** – Please charge my credit card upon verbal authorisation.

**Credit Card Details:**

**Type:**  VISA  Mastercard Please Note: We do not accept AMEX

**Credit Card Number:** \_\_\_\_\_

**CCV:** \_\_\_\_\_ **EXPIRY:** \_\_\_\_\_ / \_\_\_\_\_

Receipts will be posted to the address nominated below:

**Address for Receipts:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form by post or email to our head office.