

# GILLILAND LIVESTOCK MARKETING PTY LTD

## CLIENT APPLICATION FORM



I/We hereby apply to Gilliland Livestock Marketing Pty Ltd, ABN: 66 202 001 096, for a Client Account and submit the following information:

Client A/C No.: (office use)

### SECTION 1 - ALL BUYERS & SELLERS

<b>Legal Entity Name:</b>			
<b>Trading Name:</b>			
<b>Email:</b>			
<b>Trading Address:</b> <i>(incl. roadside number)</i>			
<b>Postal Address:</b>			
<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>	
<b>Phone:</b>	<b>Fax:</b>		
<b>Contact Person:</b>	<b>Mobile:</b>		
<b>ABN:</b>	<b>ACN:</b>		
<b>GST Registered</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Hobby Farmer</b>	<input type="checkbox"/>
<b>Bank Details:</b>	<b>BSB:</b>	<b>Account Number:</b>	
<b>Preferred Method to receive sale proceeds:</b>	<b>Direct Deposit</b>	<input type="checkbox"/>	<b>Cheque</b> <input type="checkbox"/>

<b>PIC No:</b>	
<b>PIC No 2:</b>	
<b>MSA No:</b>	
<b>LPA No:</b>	

*Please tick your preferred method of receiving statements/accounts/invoices*

<b>Preferred Method to receive Statements &amp; Invoices:</b>	<b>Email</b> <input type="checkbox"/>	<b>Mail</b> <input type="checkbox"/>
<b>I/We would like to receive the weekly Dalby Cattle Market report via email:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>I/We would you like to be covered by Transit Insurance:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

### **Business Details: (Directors / Partners/ Trustees) Names**

Gilliland Livestock Marketing Pty Ltd | ABN: 66 202 001 096 | A: 11 / 66 Drayton Street Dalby QLD 4405 | E: admin@glm.net.au  
P: 07 4662 1383 | M: 0428 830 337 | Livestock Client Application – Buyers / Sellers Version 1 - 2018

Initial \_\_\_\_\_

Type of Business:	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/>			
Date Business commenced:				
1. Surname:	Given Names:		Date of Birth:	
Residential Address:				
Phone No:		Mobile:		
Licence No:	Email:			
2. Surname:	Given Names:		Date of Birth:	
Residential Address:				
Phone No:		Mobile:		
Licence No:	Email:			

**Signed:**

I/We hereby acknowledge, affirm and agree that I/We have read these Terms and Conditions of Trade and fully understand and comprehend the same and certify that the information supplied as the basis of the Supplier's decision to grant this account is true and correct.

I/We agree all invoices are to be paid 7days from the date of invoice.

Please note: Directors personal guarantees included with this form must be signed by all directors of the Company in order for this application to be processed. If the Applicant is a Sole Director Company, guarantees from other parties may be required in order for this application to be processed

Signed as an agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant to sign here if – a Sole Trader, Partnership or Individual(s) as Trustee(s)  
For Partnerships, all partners must sign. If more than 3 signatories, copy this page and attach

Signatory 1 – Name; (Please Print)	Signature:
Signatory 2 – Name: (Please Print)	Signature:
Signatory 3 – Name; (Please Print)	Signature:

**If a Company (including a Corporate Trustee)**

Signature of Director:	Signature of Director or Company Secretary* (*cross out whichever does not apply)
Name (please print)	Name: (please print)

**SECTION 2 - BUYERS ONLY:      TRADE REFERENCES**

<b>1.Business Name:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>2.Business Name:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>Bank Reference:</b>		<b>Name of Banker:</b>
		<b>Phone No:</b>