

CASH CARD FACILITY

cash sales/COD's established business ongoing trade

BUSINESS NAME: _____

ABN NO: _____

TYPE OF BUSINESS: _____

STREET ADDRESS: _____

DELIVERY INSTRUCTIONS: _____

CONTACT NAME: _____

PHONE: _____ MOBILE: _____ FAX: _____

DETAILS COMPLETED BY: _____ DATE: _____
(sales person)

POINT OF SALE: _____ REP NO. _____ MARKET SEG: _____
(RBS BRANCH)

STANDARD PRICE CODE: _____ LESS DISC % _____
(If applicable)

SALES NOTES: _____

APPROVED BY: _____ DATE: _____

PROCESSED BY: _____ DATE: _____

ACCOUNT NO. _____