

**CAKE FACTORY**  
**NEW CUSTOMER ACCOUNT ACTIVATION**  
2/24 MILLY CRT MALAGA WA 6090  
Ph: 92488996

**COMPANY NAME**

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**TRADING AS**

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**CONTACT NAME**

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**DELIVERY ADDRESS**

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**POSTCODE**

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**PHONE**

**FAX**

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**MOBILE**

**EMAIL**

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**ABN**

**ACN**

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**POSTAL\BILLING ADDRESS**

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**OPENING TIMES**

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TERMS 7 DAYS FROM INVOICE	7
C.O.D	
PREPAID CREDIT CARD DETAILS	VISA/ MASTERCARD

<b>CREDIT APPLICATION RETURNED</b>	
<b>PACKAGE GIVEN</b>	<b>DATE</b>

**COMMENTS**