



FAX BACK TO: (02) 8594 2244 Attention: Sales Manager

Company Details:

Company Name:	Industry/Nature of Business:
ABN:	Expected Monthly Expenditure:
Trading Name (if Different):	No. of Office Employees:
Postal Address:	Date Business Commenced:
.....	Bank: Branch:
Tel: Fax:	How did you find out about us?
www:

Company Contacts:

Accounts Payable

Name:	Tel:
Email:	Desired Website Password:
<small>(For electronic receipt of statements and/or invoices)</small>	<small>(This will allow you to download copies of invoices, credit notes, statements etc)</small>

Primary Purchaser:

Name:	Tel:
Email:	Desired Website Password:
	<small>(This will allow you to order online, access web specials etc)</small>

Main Delivery Address:

Address:

.....

Suburb: State: Postcode:

Attention:

Credit References:

Ref. 1: Company Name: Tel: Fax:

Ref. 2: Company Name: Tel: Fax:

Ref. 3: Company Name: Tel: Fax:

I understand that the credit terms are NETT 30 DAYS from the end of the month of invoice and I undertake to comply with same. Failure to adhere to this agreement could result in orders being delayed or supplied on a C.O.D. basis only. I understand that title to goods described on any invoice will not pass until payment in full has been received.

Name: Position:

Signature: Date: