



Customer Credit Account Application Form

Phone (02) 8594 2222

Fax (02) 8594 2244

Please fax to: (02) 8594 2244 Attention: Sales Manager

Or email to: sales@stationerywholesalers.com.au

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:

(This will allow you to download copies of invoices, credit notes, statements etc)

Primary Purchaser:

Name: Tel:

Email: Desired Website Password:

(This will allow you to order online, access web specials etc)

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: