

ELITE OFFICE SUPPLIES

APPLICATION FOR 30 DAY ACCOUNT.

DATE _____ A.B.N. _____
REGISTERED NAME _____ DATE REGISTERED _____
REGISTERED OFFICE ADDRESS _____
TRADING NAME _____
POSTAL ADDRESS _____ POST CODE _____
DELIVERY ADDRESS -1. NAME: _____
2. STREET: _____
3. SUBURB: _____
TELEPHONE NUMBER: (____) _____ FAX NUMBER: (____) _____
CONTACT NAME OF ACCOUNTS PERSON (MR/MRS/MISS) _____
EMAIL ADDRESS: _____

PROPRIETORS, PARTNERS OR DIRECTORS FULL NAME AND ADDRESSES

PLEASE PRINT NAMES IN FULL

SURNAME: _____ CHRISTIAN NAMES _____
TEL NO. _____ ADDRESS _____
SURNAME _____ CHRISTIAN NAMES _____
TEL NO. _____ ADDRESS _____
SURNAME _____ CHRISTIAN NAMES _____
TEL NO. _____ ADDRESS _____

TRADE REFERENCES (CREDIT ACCOUNTS IN FORCE FOR MORE THAN 3 MONTHS)

(PLEASE DO NOT USE FREIGHT OR TRANSPORT COMPANIES)

1) NAME _____ PHONE # _____ FAX # _____
2) NAME _____ PHONE # _____ FAX # _____
3) NAME _____ PHONE # _____ FAX # _____

PAID UP CAPITAL \$ _____ PREMISES: LEASED () RENTED () OWNED ()
IS THERE A MORTGAGE ON THE PROPERTY - YES/NO _____ BANK: _____ BRANCH _____

MONTHLY CREDIT REQUIRED: _____

I/WE HEREBY APPLY FOR A **30 DAY** ACCOUNT AND AGREE THAT IF CREDIT IS GRANTED IT WILL BE SUBJECT TO THE FOLLOWING CONDITIONS.:

- A) PAYMENT WILL BE MADE WITHIN **30 DAYS** FROM THE DATE OF STATEMENT.
- B) TITLE TO GOODS PURCHASED WILL NOT PASS TO US UNTIL FULL PAYMENT HAS BEEN RECEIVED BY YOU.
- C) IF DEFAULT IN PAYMENT OCCURS ALL MONIES OWING BY YOU SHALL BECOME IMMEDIATELY DUE AND PAYABLE.
- D) **Minimum order to charge to an account-\$40.00+GST or COD -UNDER \$40.00 WELCOME Cash sale deliveries \$4.00+gst Perth metro area**
(Account orders over \$40.00+gst free delivery)

SIGNED _____ NAME IN CAPITAL LETTERS _____ TITLE: _____

(AUTHORISED OFFICER OR APPLICANT)

OFFICE USE ONLY.

*)Contact: _____ Title: _____ Tel: _____
*)#of office staff : _____ Manager: _____
*) Call freq: _____ Day: _____ Promotions: (y/n) _____ Catalogue:(y/n) _____
ACCOUNT NUMBER: _____ P/R _____ REP _____
CONTRACT _____ DEL CH - Y/N _____
ADDED TO DATABASE: _____ NEW FILE MADE: _____
INTERNET ADDRESS ADDED: _____
CREDIT APPROVED: _____ **DATE:** _____
CLIENT NOTIFIED - DATE: ___/___/___ **BY:** _____ **CONTACT:** _____

TEL: 9 362 2544
FAX: 9 361 9676