

OFFICESmart

30 Bair Street, Leongatha 3953
Ph: (03) 5662 2660 Fax: (03) 5662 4446

APPLICATION FOR 30 DAY CREDIT ACCOUNT

Date:

Name:

Address:

..... Post Code:

Email:

Would you like the following to be emailed to you: (please tick)

Statement Promotional Material Newsletter

Ph: (Home)..... Work:

Mob: Fax:

Business Type: **Sole Trader** **Partnership** **Company**
(please circle)

Account Type: **V.I.P Cash Account** **30-Day Credit Account***
(If cash account, do not fill out credit history)

Contact Name - Accounts Payable:

Contact Name - Purchasing Officer:

CREDIT HISTORY

Please list names and phone of 3 current credit suppliers:

*(Please complete only if applying for 30-day Credit Account)

1 Phone:

2 Phone:

3 Phone:

BANK: Phone:

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DECLARATION

I hereby apply for a 30-day credit account with the Leongatha Authorised Newsagency.
I understand that the terms of the credit granted are **NET 30 DAYS FROM STATEMENT.**
Title of goods received on credit will not pass to the customer until paid for in full.
Overdue accounts will result in withdrawal of credit facilities, penalty charges, and possible legal action to recover outstanding amounts.

I undertake to operate the account within the above trading terms.

Signed:

Full Name:

Title:

Date:

OFFICE USE ONLY
Date: ____ / ____ / ____
Staff: _____
Given customer large catalogue: YES <input type="checkbox"/> NO <input type="checkbox"/>

OFFICE USE ONLY

Ref 1:

Ref 2:

Ref 3:

Comment:

Account Authorised by:

Date: Account Number: