

30 Day Account

Customer Credit Account Application Form

Ú] ^ & a Q • d ~ & c } K

Ð ^, Å • d { ^ | / Admin@thestationerystore.com.au

Ó ç a ç * & • d { ^ | Á The Stationery Store & ^ a e Á ^, / & c } c update existing account

Ú] ^ & a Q • d ~ & c } K

CUSTOMER DETAILS

Trading Name / Applicant

Legal Entity (if different from trading name)

Industry

No. of Staff

ACN (required if ABN is Trust)

ABN* (An 11 digit ABN must be provided)

Proprietor's Name/s if a Sole Trader or Partnership

Date of Birth (required if Sole Trader/Partnership between individuals)

Postal Address

Suburb

State

Postcode

Accounts Payable Landline Tel. No.

Accounts Mobile No.

Accounts Ú a e a | ^ Email

Receive Statements

Delivery Address (no PO box)

Suburb

State

Postcode

Tel. No.

Mobile No.

Email

Details of Relevant Contacts

First Name

Last Name

Job Title

Email Address

CUSTOMER'S TRADE REFERENCES

1. Commercial Supplier: Contact

Telephone

Address

2. Commercial Supplier: Contact

Telephone

Address

CUSTOMER'S SIGNATURE

By signing this Application, the Customer hereby accepts TSS Terms and Conditions of Credit and Terms and Conditions of Sale. A copy of which is located at [www.thestationery.com.au/services/Terms and Conditions](http://www.thestationery.com.au/services/Terms%20and%20Conditions)

Signed for and on behalf of the applicant:

Signature

Date

Name (Please use BLOCK CAPITALS)

Position

The Stationery Store (ABN 86642781333)

FOR OFFICE USE ONLY

Sales Representative: _____

Rep Code: _____

Department: _____

Credit Admin Approval: _____

Credit Limit: _____ Date: _____