

OFFICE CORPORATE APPLICATION FOR CREDIT TERMS

My Office Corporate Account Manager Will be: _____.

Company Details

Registered Company Name		
Trading Name		
A.B.N		
A.C.N		
Phone No.		
Fax No.		
Date Incorporated		
Address 1		
Address 2		
State		Post Code
Country		

Delivery Details (If not as above)

Address 1		
Address 2		
State		Post Code
Country		

Postal Address (If not as above)

Address 1		
Address 2		
State		Post Code
Country		

Full Name of All Directors, Partners, Sole Traders, Trustees etc

Name	
Name	
Name	
Name	

Accounts Payable Contact

Name		
Email		
Phone No.		Fax No.

Authorised Purchasing Officer / s

Name	Phone No.	Email Address

Bank Details

Name	
Branch	
Address	

Expenditure / Credit Limit Applying for

Forecast monthly spending on stationery	\$
Forecast monthly spending on print supplies	\$

Trading References: (Excluding Credit Cards, Fuel Suppliers, Landlord, Freight Co, Power & Phone)

Company Name	Company Phone No.	Company Fax.
1)		
2)		

Credit Card Details:

Account Type: VISA MASTERCARD BANKCARD

Card Number :

EXPIRY DATE :

CCV: (LAST 3 DIGITS LOCATED ON BACK OF CARD)

CARDHOLDER'S NAME : _____

By completing this Application of Credit you are certifying that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the Purchase terms and conditions that can be found at:

<http://www.officecorporate.com.au/Purchase-Terms-Conditions.pdf>

Name: _____

Position Held: _____

Signature: _____

Date: / /

PLEASE RETURN COMPLETED FORM

Via: Fax 1300 881 151
Email creditcontrol@officecorporate.com.au

OFFICE CORPORATE
PH: 1300 855 085
ABN: 46 078 661 588