



OFFICE PRODUCTS

CREDIT APPLICATION

Registered Name:.....ABN:.....

Trading Name:

Postal Accounts:.....

Delivery Address:.....

Type of Business.....

Business Ph..... Period of Operation:.....

Account Queries Ph..... Email.....

Account Queries Name..... Fax:.....

Proprietors', Partners or directors full Names / addresses

Surname:..... Given Names:.....

Residential Address:.....

Surname:..... Given Names:.....

Residential Address:.....

BUSINESS INFORMATION TO SUPPORT THIS APPLICATION

Trade references (credit accounts in force for more than 3 months)

1. Business Name:

Phone:.....Email.....

2. Business Name:

Phone:.....Email.....

3. Business Name:

Phone:.....Email.....

DECLARATION:

I / we hereby declare that I / we believe that the above information is accurate. I / we apply for a credit account and understand that if credit is granted it conditional upon complying with the following terms:

Supply of Furniture, Office Equipment: Settlement to be made **COD**

Stationery Supplies: Payment to be made within **30 days** of issue of statement.

I / We acknowledge that Coleman's has the right to on charge costs it may occur in the process of collecting debt outside payment terms including Debt Collection Agency fees and interest charged after the due date.

SIGNED:.....POSITION.....DATE:.....