

Application for 30 day account

Business Trading Name:													
Delivery address:													
Postal address:													
Bank & Branch:													
Telephone:	Fax:												
Accounts contact:	Credit amount requested:												
ABN:	ACN:												
Nature of business:	No of employees:												
Years established:	Premises: Rented/Leased/Owned												
Trade references: (Paper companies not accepted) <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Phone</u></th> <th style="text-align: left;"><u>Fax</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Name</u>	<u>Phone</u>	<u>Fax</u>	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
<u>Name</u>	<u>Phone</u>	<u>Fax</u>											
1. _____	_____	_____											
2. _____	_____	_____											
3. _____	_____	_____											

*Please see conditions overleaf

Signed: _____ **Date:** _____

Witnessed: _____ **Date:** _____



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All goods and/or services supplied by Print Group Australia, our servants and agents/subcontractors are supplied subject to the terms set forth by the company and the supply of goods and/or services to a customer signifies the customer's agreement to be bound by these terms. In consideration of the application for credit being approved, the undersigned undertake/s to settle all accounts promptly and to immediately notify Print Group Australia of any change in the particulars outlined above. Any breach of this undertaking may result in withdrawal of credit and issue of legal processes for recovery of outstanding accounts. Title to the goods delivered or services rendered on the invoice and/or delivery docket will pass to the purchaser only when Print Group Australia has received payment in full.

THIS SECTION IS TO BE COMPLETED BY ALL PARTNERS, SOLE TRADERS AND AT LEAST TWO DIRECTORS OF YOUR BUSINESS

Name:
Address:
Phone:
Name:
Address:
Phone:
Name:
Address:
Phone:

Directors Guarantee

We.....&.....herby guarantee the due and punctual payment by(hereinafter referred to as the customer) to Print Group Australia for all goods and services provided. The guarantee shall be a continuing guarantee to Print Group Australia for the whole debt due by the customer.

Name:_____ Signature:_____

Name:_____ Signature:_____

Date:_____