



ABN 44 007 436 562

ACN 007 436 562

Head Office/Operations:

316 St Georges Road
Thornbury, VIC 3071
Telephone: (03) 9485 9500
Fax: (03)9485 9595

OFFICE USE ONLY

AUTH BY:
DATE A/C OPEN:
SALES REP:
CUSTOMER A/C:
AREA TYPE:

Enquiries/Accounts Department: accounts@deansart.com.au

ACCOUNT APPLICATION FORM
Businesses & Government Bodies

Please fill in all sections applicable.

CENTRE / STORE FROM WHICH MOST PURCHASES WILL BE MADE:

- THORNBURY MELBOURNE FITZROY SOUTH MELBOURNE BRUNSWICK

REGISTERED NAME: DATE INCORPORATED:
TRADING NAME:
TRADING ADDRESS:

MAILING ADDRESS:
(If the same as trading address write "as above")

BUSINESS TELEPHONE:
BUSINESS FACSIMILE:

A.B.N. NUMBER:

TAX EXEMPTION STATUS (if applicable):

PURCHASING CONTACT PERSON: EMAIL:

ACCOUNT CONTACT PERSON: EMAIL:

NATURE OF BUSINESS (ie: Government, School / College, Commercial etc.):

PRINCIPAL OWNERS (tick box) DIRECTORS PROPRIETORS PARTNERS GOVERNMENT

FULL NAME: PRIVATE ADDRESS: TELEPHONE NUMBER:

BANKERS: BRANCH ADDRESS:
AUDITORS: BRANCH TELEPHONE NUMBER:

TRADE / CREDIT REFERENCES:
NAME: ADDRESS: TELEPHONE NUMBER:

AVERAGE MONTHLY PURCHASES:

I/We declare that the above information is true and correct in every particular. In consideration of Deans Art opening an account, I/We agree to abide by the following terms and conditions: (1) Credit Terms are strictly 30 days nett (2) Legal ownership and title to goods remains with Deans Art until the goods are fully paid for.

PRIVACY ACT
The Applicant(s) hereby acknowledges that CAMDEN ART SUPPLIES PTY LTD trading as DEANS ART (A.C.N. 006 898 237) may make such enquiries it sees fit to ascertain the credit worthiness of the Applicant(s).
The Applicant(s) also agree to CAMDEN ART SUPPLIES PTY LTD trading as DEANS ART receiving any credit information from other credit providers or credit reporting agencies for this purpose.
The Applicant(s) hereby agree that in the event of default of payment of my debts that CAMDEN ART SUPPLIES PTY LTD trading as DEANS ART may disclose all information relating to my / our account to it's collection agency for the purpose of receiving any or all amounts outstanding.

APPLICANTS NAME: POSITION:

SIGNATURE: DATE:

THE CREDIT APPLICATION CANNOT BE CONSIDERED UNLESS THIS SECTION IS SIGNED