



OFFICE USE ONLY

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

ACCOUNT APPLICATION FORM

Businesses & Government Bodies

Please fill in all sections applicable.

STORE FROM WHICH MOST PURCHASES WILL BE MADE:

CITY 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: _____

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