



132 Beaumont Street, Hamilton NSW 2303

(ABN: 47 187 745 076)

Phone / Fax: (02) 4961 1123

APPLICATION FOR A 30 DAY CREDIT ACCOUNT

Date: ABN Number: (if applicable)

Name:

Address:

Suburb: State: Post Code:

Email Address:

Would you like the following to be emailed to you (please tick):

Statement Promotional Material Newsletter

Home Phone: Work Phone:

Mobile: Fax Number:

Business Type (please tick): Sole Trader Partnership Company

Account Type (please tick): VIP Cash Account 30-Day Credit Account*
(If cash account do not fill in credit history)

Contact Name – Accounts Payable:

Contact Name – Purchasing Officer:

CREDIT HISTORY

Please list names and phone numbers of 3 current credit suppliers:

*(Please complete only if applying for a 30-day Credit Account)

1. Phone Number:

2. Phone Number:

3. Phone Number:

Bank: Branch: Phone Number:



132 Beaumont Street, Hamilton NSW 2303

(ABN: 47 187 745 076)

Phone / Fax: (02) 4961 1123

DECLARATION

- I hereby apply for a 30-day credit account with the Beaumont Street Newsagency.
- I understand that the terms of the credit if granted, are NET 30 DAYS FROM STATEMENT.
- Title of goods received on credit will not pass to the customer until paid in full.
- Overdue accounts will result in withdrawal of credit facilities, penalty charges and possible legal action to recover outstanding amounts.

I undertake to operate the account within the above trading terms.

Signed: _____

Full Name: _____

Title: _____

Date: _____

Office Use Only:
 Date: _____
 Staff: _____
 Customer Given Large Catalogue:
 Yes _____ No _____

Please retain a copy of this form for your records, and return this form to us by fax or hand it to one of our friendly staff. We cannot accept credit applications by email. We will notify you once your credit application is processed.

OFFICE USE ONLY

Ref 1: _____

Ref 2: _____

Ref 3: _____

Comment: _____

Account Authorised By: _____

Date: _____ Account Number: _____