



PLEASE CALL US FOR VALUE  
 IN OFFICE SUPPLIES  
 ADMINISTRATION  
 PHONE (03) 9544 7219  
 FAX (03) 9544 7805

PO Box 5421 Clayton VIC 3168

**CONFIDENTIAL**

DATE .....

# APPLICATION FOR 30 DAY CREDIT ACCOUNT

**IMPORTANT NOTICE WE ARE PLEASED TO EXTEND CREDIT TO CUSTOMERS WHO PAY PROMPTLY  
 30 DAYS FROM DATE OF INVOICE. WE DO NOT PROVIDED CREDIT BEYOND 30 DAYS.**

NAME OF COMPANY OR FIRM: .....

TRADING NAME:.....A.B.N. No:.....

ADDRESS: .....

TYPE OF BUSINESS:..... No. OF EMPLOYEES:..... NO. OF YEARS IN BUSINESS:.....

**NAMES AND HOME ADDRESS OF DIRECTORS OR PARTNERS:** HOME PHONE No.....

.....

.....

.....

PURCHASING OFFICER:..... PHONE:..... FAX:.....

EMAIL: .....

AMOUNT OF CREDIT SOUGHT: \$..... PAID UP CAPITAL \$.....

ACCOUNTS PAYABLE OFFICER:..... PHONE:.....

**TRADING REFERENCES (MAJOR CURRENT TRADE SUPPLIES):**

1. NAME/ADDRESS: ..... PHONE:.....

2. NAME/ADDRESS: ..... PHONE:.....

3. NAME/ADDRESS: ..... PHONE:.....

BANK:..... BRANCH:..... PHONE:.....

Has the business ever been refused a credit account, or had an account stopped or cancelled by a supplier, bank or finance company. If Yes, please supply details. YES/NO

Is the business profitable and in good financial condition. No, please supply reasons for us to feel secure in offering credit. YES/NO

Has any director, or person concerned with ownership & the business  
 (a) assigned their estate for the benefit of creditors or been declared bankrupt? YES/NO

(b) been a secretary, a director or person concerned in the management of a business which has been placed under a receiver or manager, or wound up, or which has entered into a compromise or scheme of arrangement with creditors? YES/NO

**WE ARE AUTHORISED AND HEREBY APPLY TO OPEN A CREDIT ACCOUNT WITH PRESITGE VICTORIA P/L T/A OFFICEMATE AND UNDERTAKE TO PAY OUR ACCOUNT WITHIN 30 DAYS FROM DATE OF INVOICE; FURNITURE AND EQUIPMENT C.O.D. WE AGREE THAT SUPPLIES MAY BE STOPPED IF THE TERMS ARE EXCEEDED. TITLE OF GOODS REMAINS WITH OfficeMate UNTIL PAID IN FULL.**

**SIGNED BY: (please print name/s)**

1. NAME:..... SIGNATURE:..... POSITION:.....

2. NAME:..... SIGNATURE:..... POSITION:.....

**DIRECTORS GUARANTEES:** (To be completed when paid up capital of applicant is loss than \$2,000).

**I/WE AGREE THAT THE ACCOUNT MAY BE OPENED IN THE NAME/S OF THE GUARANTORS AND THE REGISTERED NAME OF THE BUSINESS WITH EACH TO BE JOINTLY AND SEVERALLY LIABLE FOR GOODS PROVIDED BY OfficeMate.**

**SIGNED BY: (Proprietors/Directors/Coy. Secretary) (please print name/s)**

1. NAME:..... SIGNATURE:..... POSITION:.....

2. NAME:..... SIGNATURE:..... POSITION:.....

3. NAME:..... SIGNATURE:..... POSITION:.....