

Credit Account Application

Applicant Details

Name of Applicant _____

Trading as _____ ABN _____

Registered Address _____

_____ P/Code _____

Postal Address _____

_____ P/Code _____

Telephone [] _____ Fax [] _____ Email _____

Type of Corporate Structure Public Company [] Private Company [] Partnership []

Individual [] Government [] Association []

Type of Business _____

Contact for Accounts

Name _____ Position Title _____ Telephone [] _____

Contact for Purchase Orders

Name _____ Position Title _____ Telephone [] _____

Bank Details

Name of Bank _____ Name of Directors (If Applicant is Private Company) _____

Branch Address _____

Branch BSB _____

Account No _____

Current Credit References

Business Name

1 _____ Telephone [] _____ Fax [] _____

2 _____ Telephone [] _____ Fax [] _____

3 _____ Telephone [] _____ Fax [] _____

Declaration

On behalf of the Applicant, I, _____,

Director / Partner / Authorised Officer of the Applicant

DECLARE the following. I confirm the above information to be true and correct. I authorise Print Media Group to use any information obtained in respect of this Credit Account Application to assess this or any further application by this Applicant for credit, and to engage in communication of information with the Applicant's other credit providers. I acknowledge that credit is not available from Print Media Group until this application has been approved by Print Media Group, and that credit may be varied, reduced, suspended or withdrawn at any time, as determined by Print Media Group. I agree to abide by Print Media Group's standard Terms and Conditions of trade, a copy of which can be obtained from our website www.pmg.com.au

Signature: _____

Date ____ / ____ / ____

PMG Internal use only

Rep Code: _____ Industry Code: _____ Customer Code: _____

Amount of 1st Order: \$ _____ Credit Limit: _____

Authorised by: _____ Date: ____ / ____ / ____