

Credit Account Application

Applicants Details

Name of Applicant: _____

Trading as: _____ ABN: _____

Registered Address: _____

_____ Post Code _____

Postal Address: _____

_____ Post 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

(If the Applicant is a Private Company)

Name of Bank: _____

Names of Directors

Branch Address: _____

Branch BSB No.: _____

Account No.: _____

Estimated level of monthly credit required: _____

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until this application has been approved by Print Media Group, and that credit may be varied, reduced, suspended or withdrawn at any time, as determined by Print Media Group.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 _____ Customer Code _____

\$ Amount of 1st Order _____ Product Type _____