



U2, 22 Humphries Tce, Kilkenny SA 5009  
ATF Quick Cup Unit Trust  
ACN 083 623 429  
ABN 22 789 053 594  
p 1300 552 583 f 1300 552 584

## CREDIT APPLICATION

Trading Name:		
Company Name:		
Invoice Address:		
	Post Code:	
Delivery Address:		
	Post Code:	

*(If different from invoice address)*

Contact Details:	Accounts Payable:	Purchasing:
	Telephone:	Telephone:
	Fax:	Fax:
	Email:	Email:

Credit Limit Required: \$  per month

Type of Business:  Number of Staff:

Sole Trader  Partnership  Pty Ltd Company  Government

*(Please tick appropriate box)*

Date company commenced trading:

### Sole Trader / Partnership

#### Owners

Full Name:		
Address:		
	Post Code:	
Full Name:		
Address:		
	Post Code:	

### Registered Company

ABN  ACN

### Directors

Names:	1	3
	2	4

Registered Address:		
	Post Code:	

Bank:  Branch:

### Trade references apart from current Office Products Supplier, Real Estate Companies and Banks

1	Telephone:	<input type="text"/>
2	Telephone:	<input type="text"/>
3	Telephone:	<input type="text"/>



**Thank you for taking the time to complete the fields below.**

Would you like to trade via QCA Web Store?	<b>Yes / No</b>	If yes, your Account Manager will contact you.
Would you prefer to pay your A/C via EFT?	<b>Yes / No</b>	
Do you have special delivery requirements?	<b>Yes / No</b>	If yes, pls complete details below.

<b>How did you hear about Quick Corporate Australia Pty Ltd?</b>			
Account Manager	<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>
Sales Flyer	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Referral	<input type="checkbox"/>

To help us continually improve our service levels to your company and to ensure that respective areas receive the correct information, would you please complete the following:

<b>Who is the Decision Maker for Office Supplies?</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>Email:</b>		<b>Fax:</b>	

<b>Who is the Purchaser for:</b>			
	<u><b>Stationery</b></u>	<u><b>Computer</b></u>	<u><b>Canteen</b></u>
<b>Name:</b>			
<b>Phone:</b>			
<b>Fax:</b>			
<b>Email:</b>			

	<u><b>Janitorial</b></u>	<u><b>Print &amp; Print Management</b></u>	<u><b>Office Furniture</b></u>
<b>Name:</b>			
<b>Phone:</b>			
<b>Fax:</b>			
<b>Email:</b>			

<b>Are you interested in receiving our Sales Product Information?</b>		<b>Yes / No</b>	<b>If yes, by what mode.</b>
Post: <input type="checkbox"/>	Fax: <input type="checkbox"/>	Fax No: <input type="text"/>	Email: <input type="checkbox"/> Email Address: <input type="text"/>

<b>How would you like to receive your accounts statement?</b>			
Post: <input type="checkbox"/>	Fax: <input type="checkbox"/>	Fax No: <input type="text"/>	Email: <input type="checkbox"/> Email Address: <input type="text"/>

*I/We wish to be granted credit facility with Quick Corporate Australia Pty Ltd/Quick Cup (Aust) 1982. I/We understand that your terms of trading are net 30 days, which obligates me/us to settle my/our account in full within 30 days of the month end to which invoice/statement of account has been prepared. I/We understand that in the event the overdue account is placed with a debt collection agency or any such body, all costs incurred will be at my/our (account holder's) expense. Title of goods does not pass until paid in full.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use:</b>			Welcome Letter Sent:	
Acct Manager:		Rep No:	Sales Manager:	
PL Code:		DC Code:	QCA Cat Code:	
Freight:		Special Delivery Instructions:		
Account No:		Date:	Financial Controller	