



QLD
 12 Cavendish Rd
 Coorparoo QLD 4151
Fax to: (07)3324 1941

SA
 U2/22 Humphries Tce
 Kilkeny SA 5009
Fax to: 1300 552 584

WA – Head Office
 63 Belmont Ave,
 Belmont WA 6104
Fax to: 1300 139 488

Victoria
 Unit 3-4 182-186 Rooks Road
 Vermont-Vic 3133
Fax to: (03) 9872 4019

ATF Quick Cup Unit Trust | ACN 083 623 429 | ABN 22 789 053 594

CREDIT APPLICATION – NATIONAL PHONE: 1300 139 388

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?	Yes / No	If yes, your Account Manager will contact you.
Would you prefer to pay your A/C via EFT?	Yes / No	
Do you have special delivery requirements?	Yes / No	If yes, pls complete details below.

How did you hear about Quick Corporate Australia Pty Ltd?			
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:

Who is the Decision Maker for Office Supplies?			
Name:		Phone:	
Email:		Fax:	

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

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

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

How would you like to receive your accounts statement?			
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: _____

Office Use:	AC Mgr:		Rep No:		Welcome Letter Sent:		Sales Mgr:	
PL Code:		DC Code:		QCA Cat Code:		Freight:		
Min Order Fee:		<i>Invoicing (tick one)</i>	Invoice with goods	Priced delivery dock with goods	Unpriced del dock with goods			
Special Delivery Instructions:								
Account No:		Date:		Financial Controller:				