



63 Belmont Ave, Belmont WA 6104
 ATF Quick Cup Unit Trust
 ACN 083 623 429
 ABN 22 789 053 594
 p 1300 139 388 f 1300 139 488

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 <input type="text"/>	3 <input type="text"/>
	2 <input type="text"/>	4 <input type="text"/>

Registered Address:
 Post Code:

Bank: Branch:

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

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

Telephone: <input type="text"/>
Telephone: <input type="text"/>
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.**

Post: <input type="checkbox"/>	Fax: <input type="checkbox"/>	Fax No: <input type="text"/>	Email: <input type="checkbox"/>	Email Address: <input type="text"/>
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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"/>
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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:				
Acct Manager:		Rep No:		Sales Manager:
PL Code:		DC Code:		QCA Cat Code:
Freight:		Special Delivery Instructions:		
Account No:		Date:		Financial Controller