

Axia Office Pty Ltd
Unit 4, 372 Eastern Valley Way
Chatswood NSW 2067

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Axia Office Print Management

CONFIDENTIAL ACCOUNT APPLICATION

Applicant Company Name: _____

Applicant Trading Name: _____

Postal Address: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

Accounts Contact: _____ Sales Contact: _____

Description of Business: _____

Business Operating as (please tick)

Sole Trader Partnership Pty Ltd Company Ltd Company

Date Business Commenced: _____ Registered Business No: _____

If applicant is a Company

ACN: _____ Date of Incorporation: _____ Paid up Capital: _____

Registered Office: _____

Directors/Partners Names:

NAME	ADDRESS

Name of Bank: _____ Contact: _____

Account No: _____ Branch: _____

Trade References (major suppliers only)

COMPANY NAME	CONTACT NAME	PHONE NO	FAX NO

If business premises leased

Landlord: _____ \$ _____ per month Years to run: _____

Anticipated monthly purchases \$: _____ Maximum monthly credit limit requested \$ _____

Application authorised by

Name: _____ Signature: _____