STAR DISCOUNT CHEMIST

Student Name:

Star Discount Chemist North Ward
Shop 5, 31- 45 Eyre Street
North Ward QLD 4810
Telephone: (07) 4721 2211
Facsimile: (07) 4771 2057
P.O. BOX 841 Townsville QLD 4810

Customer credit application for trade account

Business contact information

Contact name: (Parent Name):
Phone: Fax: E-mail:
Address:
City: State: Postcode:
In business since:
Sole trader: ☐ Partnership: ☐ Limited liability: ☐ Other: ☐

Business and credit information

Postal address:
City: State: Postcode:
Telephone: Fax: E-mail:
Bank name:
Bank address: Phone:
City: State Postcode:

Business/trade references

Company name:
Contact name:
Address:
City: Postcode:
Phone:
Fax:
E-mail:

Company name:
Contact name:
Address:
City: Postcode:
Phone:
Fax:
E-mail:

Company name:
Contact name:
Address:
City: Postcode:
Phone:
Fax:
E-mail:

Company name:
Contact name:
Address:
City: Postcode:
Phone:
Fax:
E-mail:

Agreement

1. All invoices are to be paid on the 20th of the month following the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise Star Discount Chemist North Ward to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title: Title:

Date: Date:

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