



Dynamic Office National

Dynamic Office Supplies Pty Ltd t/as Dynamic Office National
ACN 611 146 475 ABN 20 611 146 475
12/39 Herbert Street, ST LEONARDS NSW 2065
Ph: (02) 9901 4030
Email: accounts@dynamicofficenational.com.au
www.dynamicon.com.au

CREDIT APPLICATION (G)

INTERNAL USE ONLY

APPROVED: _____ A/C _____

DATE: _____ / _____ / _____

Trading Name _____

Legal Entity Name (Company Name) _____

ACN _____ ABN _____

Registered Business Address _____

Postcode _____

Contact Details – A/c’s Payable

Main Contact

Name _____ Position _____

Postal Address _____

Postcode _____

Telephone No _____ Fax No _____

Email Address _____

Second Contact

Name _____ Position _____

Telephone No _____ Fax No _____

Email Address _____

Would you like INVOICES emailed to you? YES / NO (If yes then Delivery Dockets will be with your delivery)

Email Address for Invoices _____

Contact Details – Purchasing

Main Purchaser

Name _____ Position _____

Telephone No _____ Fax No _____

Email Address _____

Would you like to order on the WEB: YES / NO (Please Circle)

Do you require your orders to be sent for approval: YES / NO (Please Circle) Email to: _____

Second Purchaser

Name _____ Position _____

Telephone No _____ Fax No _____

Email Address _____

Contact Details – Delivery Address

Receivers Name _____

Telephone No _____ Fax No _____

Delivery Address _____

Postcode _____

SPECIAL DELIVERY INSTRUCTIONS

Please advise us if you have additional sites you would like us to deliver to

Average Monthly Purchases \$ _____ No Years Trading _____ No of Staff _____

Type of Business _____

Are you a: Sole Trader Partnership Company Trust Company

Where Did You Hear About Office National? White / Yellow Pages Catalogue Flyer Van
Google Other _____

Would you like Specials and/or Notices emailed to you? YES / NO (Please Circle)

Names of Owners (in the case of a Sole Trader and Partnership) or Name of Directors (in the case of a Company) (PLEASE PRINT)

Full Name 1. _____ Home / Mobile Phone No _____
2. _____ Home / Mobile Phone No _____
3. _____ Home / Mobile Phone No _____
4. _____ Home / Mobile Phone No _____

Credit References:

1. Name _____ Phone No _____
Address _____ Contact _____
2. Name _____ Phone No _____
Address _____ Contact _____

TERMS

1. The applicant applies to Dynamic Office Supplies Pty Ltd trading as Dynamic Office National for a credit account.
2. If this application is accepted it is understood that all payment for goods supplied by Dynamic Office Supplies trading as Dynamic Office National are to be made within 30 days of the statement date.
3. Title and ownership of goods on credit shall remain with Dynamic Office Supplies Pty Ltd Trading as Dynamic Office National and will not pass to the customer until such time as payment (in full) is received and processed by Dynamic Office Supplies Pty Ltd.
4. The applicant shall notify Dynamic Office Supplies Pty Ltd trading as Dynamic Office National of any change in the constitution or structure of the applicant or the sale of the business operated by the applicant and agrees that it shall continue to be liable to Dynamic Office Supplies Pty Ltd trading as Dynamic Office National for any sums outstanding on the account opened on behalf of the applicant until;
 - a) Written notice is received from the applicant that it has changes the constitution or structure or the sale of the business.
 - b) The account has been closed and full payment has been received by Dynamic Office Supplies Pty Ltd trading as Dynamic Office National.
5. The applicant agrees that the terms and conditions applying to any credit account opened in the name of the applicant and the construction and interpretation of it shall be governed by the laws of the State of New South Wales in force for the time being and from time to time, and the parties irrevocably submit generally and unconditionally to the jurisdiction of the Courts of New South Wales in respect of claims, proceedings and matters arising out of or in respect of the said credit account.

DATED this _____ day of _____ 20 _____

SIGNATURE OF AUTHORISED PERSON: _____

NAME OF AUTHORISED SIGNATORY _____ Position _____

