

## Account Application

### DETAILS OF YOUR ORGANISATION

Trading Name of Company			
Full Name of Company			
A.C.N. / A.B.N.		Business Reg. No.	
Type of Business		No. of Office Staff	
When was the company established		Office Contact <i>(if applicable)</i>	
Trading Style: Private/Public Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
		Sole Trader	<input type="checkbox"/>
		Charity	<input type="checkbox"/>

### COMMUNICATING WITH YOUR ORGANISATION

Company Phone Number		Fax Number	
Web Site Address <i>(if applicable)</i>			
Accounts Contact Name		Direct Phone	
E-mail Address			
Invoice Address			
Delivery Address <i>(if different from above address)</i>			

### FINANCIAL INFORMATION

Bank Name		BSB		Account No.	
Bank Address					
Credit Limit Requested	\$				

### TRADE REFERENCES

1) Name			
Address			
Phone Number		Fax Number	
2) Name			
Address			
Phone Number		Fax Number	
3) Name			
Address			
Phone Number		Fax Number	

### TERMS AND CONDITIONS

eSpecially Office quote for and accept all orders subject only to the terms and conditions detailed in the eSpecially Office website (<http://www.especiallyoffice.com>), and the reverse of eSpecially Office documentation.

I/We hereby request that a Credit Account be opened with eSpecially Office. I/We confirm that the above details are correct and I/We have read and understand and accept the terms and conditions detailed in the eSpecially Office website (<http://www.especiallyoffice.com>), and on the reverse of this application form, and that all invoices are to be paid 30 days from the date of invoice. These terms can only be varied by written authorisation from the Proprietors of eSpecially Office.

**AUTHORISED SIGNATURE**

SIGNED..... DATE..... NAME..... POSITION.....

Please FAX BACK to CUSTOMER SERVICES on 02 9909 2807 with a COPY of your BUSINESS LETTERHEAD