

eSpecially Office

Account Application

DETAILS OF YOUR ORGANISATION

Trading Name of Company	<input type="text"/>		
Full Name of Company	<input type="text"/>		
A.C.N. / A.B.N.	<input type="text"/>	Business Reg. No.	<input type="text"/>
Type of Business	<input type="text"/>	No. of Office Staff	<input type="text"/>
When was the company established	<input type="text"/>	eSp Office Contact <i>(if applicable)</i>	<input type="text"/>
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	<input type="text"/>	Fax Number	<input type="text"/>
Web Site Address <i>(if applicable)</i>	<input type="text"/>		
Purchasing Contact Name	<input type="text"/>	Direct Phone	<input type="text"/>
E-mail Address	<input type="text"/>		
Accounts Contact Name	<input type="text"/>	Direct Phone	<input type="text"/>
E-mail Address	<input type="text"/>		
Invoice Address	<input type="text"/>		
	<input type="text"/>		
Delivery Address <i>(if different from above address)</i>	<input type="text"/>		
	<input type="text"/>		

FINANCIAL INFORMATION

Bank Name	<input type="text"/>	BSB	<input type="text"/>	Account No.	<input type="text"/>
Bank Address	<input type="text"/>				
Credit Limit Requested	<input type="text"/>				

TRADE REFERENCES

1) Name	<input type="text"/>		
Address	<input type="text"/>		
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
2) Name	<input type="text"/>		
Address	<input type="text"/>		
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
3) Name	<input type="text"/>		
Address	<input type="text"/>		
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

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