

EasyPrint Business Credit Application Form

Registered Company Name

Write Trading name if different from above

.....

Registered Office

Postal Address Years in business

Physical Address

.....

Phone Fax Email

Please tick one:-Company Sole Trader Partnership Incorp. Society Individual

Incorporated Society

President

Secretary

Address

Address

Phone

Phone

Full Directors or Owners of Business

Full Directors or Owners of Business

Name

Name

Address

Address

Phone

Phone

Trade References

Trade References

Company

Company

Contact

Contact

Phone

Phone

TERMS OF TRADE

I/We agree to pay our account on the 20th of the month following invoice. I/We also understand and agree to pay any interest, late payment or collection charges incurred in the event of late or non-payment.

I/We accept responsibility for all digital printing done from files supplied to EasyPrint by myself or persons acting on my behalf.

PRIVACY ACT

I/We give authority to any person or Company to provide you with any information you require to process this application I/We agree to you furnishing any third party details of this application and any future dealing I/We may have as a result of this application

Applicants Signature

Company Signature..... Date

EasyPrint
Personal Credit Application Form

Full Name of Applicant

Address.....

Phone: Number of years at residence.....

Name of another family member

Father Mother Brother Sister Other

Address.....

Phone

Trade References

Company

Contact

Phone

Trade References

Company

Contact

Phone

Trade References

Company

Contact

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Company Signature..... Date