



# Account Application Form

## Business Structure of Customer

(TICK WHERE APPLICABLE)

COMPLETE SECTION

<input type="checkbox"/>	<b>Sole Trader &amp; Partnership / Trusts</b>	<b>1, 3</b>
<input type="checkbox"/>	<b>Companies</b>	<b>2, 3</b>

**NOTE:** Please ensure that section 3 has been completed in full before returning the application to us for processing

**N.B.** It is important that all information is supplied where applicable. An incomplete form will delay processing.

### NSW

#### Sydney West

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#### Sydney South

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#### Sydney North

Unit 5, 42-46 Wattle Road, Brookvale 2100  
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### VIC

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### QLD

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### WA & Other States

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Printforce Australia Pty Ltd T/A

**we print it**  
com.au  
ABN 43 009 354 643

NATIONWIDE ☎ 1300 735 100

# Section 1

## Sole Trader & Partnerships / Trusts

Trading Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Trading Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_ No of employees: \_\_\_\_\_

Has any Sole Trader/partner been involved with any bankruptcy or failed company? YES/NO  
(If YES, please give details)

Amount of credit limit required \$

Full names and addresses of sole trader/partners (Please Print)

**1** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Phone No: \_\_\_\_\_  
How long at above address? \_\_\_\_\_ Home Owned / Rented / Buying: \_\_\_\_\_  
Previous address if less than 3 years? \_\_\_\_\_

**2** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Phone No: \_\_\_\_\_  
How long at above address? \_\_\_\_\_ Home Owned / Rented / Buying: \_\_\_\_\_  
Previous address if less than 3 years? \_\_\_\_\_

**3** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's Licence No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Phone No: \_\_\_\_\_  
How long at above address? \_\_\_\_\_ Home Owned / Rented / Buying: \_\_\_\_\_  
Previous address if less than 3 years? \_\_\_\_\_

Trade References:

**1** \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Fax No: \_\_\_\_\_

**2** \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Fax No: \_\_\_\_\_

**3** \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Fax No: \_\_\_\_\_

# Section 2

## Companies

Registered Name of Company: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ ACN: \_\_\_\_\_ ABN: \_\_\_\_\_

No of Employees: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Amount of credit limit required: \$ \_\_\_\_\_

Is the company acting as corporate Trustee? YES/NO \_\_\_\_\_

Authorised Capital \$ \_\_\_\_\_ Paid up capital \$ \_\_\_\_\_

If subsidiary, Name of parent company: \_\_\_\_\_

Attach list of associated and/or subsidiary companies: \_\_\_\_\_

List directors' surnames, given names & residential addresses below: (Please print) \_\_\_\_\_

**1** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**2** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**3** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**4** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Have any DIRECTORS been declared BANKRUPT, been a director of a previously failed company, or made Agreements with CREDITORS (as in a Deed of Company Arrangement)? YES / NO (If YES, please detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade References:

**1** \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Fax No: \_\_\_\_\_

**2** \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Fax No: \_\_\_\_\_

**3** \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Fax No: \_\_\_\_\_

# Section 3

## General Information

Nature of business:  
\_\_\_\_\_  
\_\_\_\_\_

Accounts payable contact: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

## Privacy Act Declaration

Printforce Australia Pty Ltd may need to disclose to a credit reporting agency information about the Customer when assessing this application for a credit account and in managing the Customer's account. The Customer authorises "Printforce" to disclose such information to a credit reporting agency for these purposes. Printforce Australia Pty Ltd may give information about the Customer to a credit reporting agency to obtain a consumer credit report about the Customer or to allow the credit reporting agency to create or maintain a credit information file about the Customer. The Customer agrees to Printforce Australia Pty Ltd disclosing a credit report about it to any credit provider, debt collection agency or other party for the purpose of assessing the Customer's credit worthiness or to collect any overdue payments. Printforce Australia Pty Ltd will handle the Customer's personal information in accordance with relevant laws. The Customer's execution of this Application indicates its consent to the collection, use and disclosure of information as indicated above or in Printforce Australia Pty Ltd's Standard Terms and Conditions of Trade.

SHOULD ANY CHANGES TAKE PLACE AFFECTING THE LEGAL ENTITY, STRUCTURE OR MANAGEMENT CONTROL OF THE APPLICANT BUSINESS, PRINTFORCE AUSTRALIA PTY LTD MUST BE NOTIFIED IMMEDIATELY.

I/We acknowledge receipt of and agree to trade under the Standard Terms & Conditions of Trade (attached) of Printforce Australia Pty Ltd and certify that I/We am/are authorised to sign this Application on behalf of the Customer and that the information given is true and accurate.

## Credit Policy

**IMPORTANT: - Printout this document, Sign and fax to We Print It in your state**

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Signature: \_\_\_\_\_