

# New Customer Credit Account Application Form

Please forward for processing to: Email: [creditapplication@staples.com.au](mailto:creditapplication@staples.com.au)  
Fax: (02) 9335 0204

## CUSTOMER S DETAILS

Trading Name / Applicant

Legal Entity (if different from trading name)  Industry  No. of Staff

ACN  ABN\* (An 11 digit ABN must be provided)

Proprietor's Name/s if a sole Trader or Partnership  Date of Birth required for Credit check

**Registered Office Address**

Suburb  State  Postcode

**Postal Address**

Suburb  State  Postcode

Accounts Landline Tel. No.  Accounts Fax No.

Accounts Email  Receive Statements

**Delivery Address (no PO box)**

Suburb  State  Postcode

Tel. No.  Fax No.  Email

**Details of Relevant Contacts:**

First Name	Last Name	Job Title	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CUSTOMER S TRADE REFERENCES

**1. Commercial Supplier:** Contact  Telephone   
 Address

**2. Commercial Supplier:** Contact  Telephone   
 Address

## CUSTOMER S SIGNATURE

By signing this Application, the Customer hereby accepts Staples' Terms and Conditions of Credit and Terms and Conditions of Sale. A copy of which is located at [www.staplesadvantage.com.au](http://www.staplesadvantage.com.au) → Terms & Conditions → Australia

**Signed for and on behalf of the applicant:**  
 Signature  Date

Name (Please use BLOCK CAPITALS)  Position

FOR OFFICE USE ONLY

Sales Representative: .....

Rep Code: .....

Department: .....

Credit Admin Approval: .....

Credit Limit: ..... Date: .....