



30 Day Credit Account Application

Blue Ink Group Pty Ltd T/A
Blue Ink Office Solutions
ABN 35 113 327 816
www.blueinkoffice.com.au

PO Box 321 Fyshwick ACT 2609
176 Gladstone Street Fyshwick ACT 2609
p (02) 6166 6000
f (02) 6166 6999
sales@blueinkgroup.com.au

Trading Name:

Registered Name:

ABN: ACN:

Business Type: No of Employees:

Contact Details

Postal Address: Delivery Address:

Suburb: Suburb:

State: Postcode: State: Postcode:

Purchase Contact: Accounts Contact:

Phone: Fax: Phone: Fax:

Email: Email:

Estimated monthly credit required: \$.....

Would you like to shop online at www.blueinkoffice.com.au? Yes / No

Email address for statements if not accounts email:

Sole Trader – Partnership – Company – Government

(Please Circle One)

Names of Owners/Directors

Name in Full: Name in Full:

Postal Address: Postal Address:

Suburb: Suburb:

State: Postcode: State: Postcode:

Drivers Licence No: Drivers Licence No:



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How did you hear about Blue Ink Office Solutions?

Trade References

Company Name: Company Name:

Contact: Contact:

Phone: Phone:

Terms & Conditions

- 1 I/we wish to be granted a 30 day credit account with Blue Ink Group Pty Ltd T/A Blue Ink Office Solutions.
- 2 I/we certify that the above information is true and correct at that I/we are authorised to make this application for credit.
- 3 I/we understand that the payment terms are 30 days net, payment being due 30 days from the date of the invoice and that the title of the goods will remain the property of Blue Ink Group Pty Ltd until paid in full.
- 4 I/we understand that the 30 day credit account must average a \$200 per month spend to remain active. If my/our account does not meet the \$200 per month average then I/we agree that Blue Ink Group Pty Ltd may request payment at the time the order is placed.
- 5 I/we understand that failure to settle the account in full within 30 days may result in:
 - a) Orders being delayed or supplied on a C.O.D. basis only.
 - b) The overdue account being placed with a debt collection agency and that any fees incurred from this will be at my/our (account holder's) expense.

Authorised Signatures

Signed: Signed:

Name: Name:

Position: Position:

Date: Date:

Office Use

Approved: Yes / No Account Number: Date Opened:

Account Manager: