

## PREPAID ACCOUNT APPLICATION

Business Details							
Company Name:				ABN:			
Trading Name:							
Corporate Structure:		Company	Partnership	Sole Trader	Trust	Trust	
Manager/Purchaser:			Title (Mr, Mrs, Ms, Miss):		/Ir, Mrs, Ms, Miss):		
Nature of Business:						•	
Postal Address:							
Suburb:				State:		Postcode:	
Delivery Address:							
Suburb:				State:		Postcode:	
Delivery Instructions:							
Trading Days/Hours:							
Contact Numbers:	Phone:		Mobile:		Fax:		
Email Address:							
Website:							
Referred by:							
Trading Days/Hours: Contact Numbers: Email Address: Website: Referred by:	Phone:		Mobile:		Fax:		

PLEASE RETURN THIS COMPLETED FORM BY FAX TO (02) 97506889 OR BY EMAIL TO amanda@statewideoffice.com.au							
OFFICE USE:							
Date:		Customer Code:					
Initial:							

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