

Readings

CREDIT APPLICATION FORM

DATE:	
INSTITUTION NAME:	ABN / ACN:
CONTACT PERSON:	
PO BOX NO:	SUBURB:
ADDRESS:	
TELEPHONE NO:	FAX NO:
EMAIL:	WEBSITE:

ADMINISTRATIVE DETAILS

PERSON AUTHORISED TO PLACE ORDERS:	
SIGNATURE:	
ACCOUNT CONTACT:	
ACCOUNT CONTACT PHONE NUMBER:	

DECLARATION BY THE APPLICANT/S

I/we apply for a credit facility and submit the above confidential information for this purpose only. If granted credit with Readings Pty Ltd, I/we undertake to pay all accounts within 30 days from the date of invoice. I/we understand that if any invoices remain unpaid after this time, Readings Pty Ltd will automatically have credit withheld until all outstanding balances are cleared.

(NAME)

(SIGNATURE)

(DATE)

(NAME)

(SIGNATURE)

(DATE)

Please send your completed form (via email or post) to:

Garry Mansfield
Online Fulfillment Manager
Readings
PO Box 1238
Carlton VIC 3053
garry.mansfield@readings.com.au