

Readings

CREDIT APPLICATION FORM

ACCOUNT DETAILS

INSTITUTION NAME	ABN / ACN
CONTACT PERSON	
POSTAL ADDRESS	
STREET ADDRESS <small>LEAVE BLANK IF SAME AS POSTAL ADDRESS</small>	
SUBURB	POSTCODE
TELEPHONE	FAX
EMAIL	WEBSITE

ADMINISTRATIVE DETAILS

PERSON AUTHORISED TO PLACE ORDERS
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
ACCOUNT CONTACT

.....
NAME SIGNATURE DATE
AUTHORISED ORDER CONTACT

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

ACCOUNTS	CARLTON	KIDS	EMPORIUM	HAWTHORN	MALVERN	ST KILDA	STATE LIBRARY	DONCASTER
701 Glenferrie Road Hawthorn VIC 3122 P +61 3 9819 1917	309 Lygon Street Carlton VIC 3053 P +61 3 9347 6633	315 Lygon Street Carlton VIC 3053 P +61 3 9341 7730	Shop 1-016/ 287 Lonsdale St Melbourne VIC 3000 P +61 3 9810 0850	701 Glenferrie Road Hawthorn VIC 3122 P +61 3 9819 1917	185 Glenferrie Road Malvern VIC 3144 P +61 3 9509 1952	112 Acland Street St Kilda VIC 3182 P +61 3 9525 3852	328 Swanston Street Melbourne VIC 3000 P +61 3 8664 7540	Westfield Doncaster 619 Doncaster Road Doncaster VIC 3108 P +61 3 9810 0891