

MALVERN

321 Unley Road Malvern SA 5061
Tel 08 8272 8566 Fax 08 82714930
Email malvern@barrowandbench.com

HAPPY VALLEY

Cnr Kenihans & Regency Roads SA 5159
Tel 08 8387 6855 Fax 08 8387 6988
Email happyvalley@barrowandbench.com

GLENUNGA

499 Portrush Road Glenunga SA 5064
Tel 08 8379 9866 Fax 08 8379 5961
Email glenunga@barrowandbench.com

MOUNT GAMBIER

Cnr Commercial Street West & White Avenue, Mt Gambier SA 5290
Tel 08 8725 3510 Fax 08 8723 0395
Email mtgambier@barrowandbench.com

30 DAY ACCOUNT

For Corporation, Registered Business, Partnership, Sole Trader or Individual.

In line with the Privacy Act, 2001, Barrow & Bench Mitre 10, is committed to ensuring the confidentiality and security of your personal information

PLEASE PRINT IN BLOCK LETTERS

Company or Business Name:

Address (NOT PO Box)

Post Code

Mailing Address (if different)

Post Code

Telephone

Fax

Mobile

Email

Contact Name

Nature of Business

How long in business?

Are your business premises owned/leased?

ABN/ACN

Builders License #

Do you need a) order number

b) taken by

c) job number

d) password

DIRECTORS / PROPRIETORS / PARTNERS DETAILS:

1. Full Name

Residential Address

2. Full Name

Residential Address

3. Full Name

Residential Address

PTO

CREDIT REFERENCES:

Name: Ph: Fax: A/C No:

Name: Ph: Fax: A/C No:

Name: Ph: Fax: A/C No:

Estimated Monthly Purchases: \$

I/We Hereby grant permission for the above to be contacted for a Credit Reference.

I/We certify that the aforementioned information supplied is complete and true and correct and if credit is proved

I/We undertake to pay for all goods supplied in any month on or before the end of the following month.

I/We understand that if we are entitled to take settlement discount which is applicable only if the account is paid by the 25th of the following month.

I/We agree to pay any expenses incurred in recovery of any outstanding monies.

It is agreed that title of goods supplied shall not pass until full payment for them has been made.

It is expressly understood and agreed that the account may be closed at anytime by either party and the total value of goods supplied will be paid immediately.

Signed:

Name:

Position Held:

Date:

Please return this form to one of our stores in person or by mail - please DO NOT FAX.

OFFICE USE ONLY

Comments

Approved/Rejected

Signed by Credit Officer Date

Account No

D/Code

Credit Limit \$

Dear Valued Customer,

Our invoicing system works as follows:

- At the time of each purchase you will be asked to sign our electronic signature pad
- At each purchase you will then receive an invoice with this electronic signature displayed
- At the beginning of each month you will receive a statement showing all transactions for the period along with the electronic signature displayed against each invoice to verify the purchase.

If you require any further information or assistance, please do not hesitate to contact Margaret Petersen on 08 8379 9866.