

Express Account Form

Instant Credit Account available today...

No references required - just complete and return this form!

As easy as that.

COMPANY DETAILS			
Company Name:		ABN:	
Delivery Address:			
Postal Address:			
Phone:	Fax:	Number Of Employees:	
Nature Of Business:			
CONTACT DETAILS			
PURCHASING CONTACT		ACCOUNTS CONTACT (if different to purchasing contact)	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	
First Name:		First Name:	
Surname:		Surname:	
Position:		Position:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
ADDITIONAL INFORMATION			
Email address for invoices/statements:			
Receiving Hours:		Preferred Pallets:	
Purchase Order No. Required: Yes No			
ACCOUNT TYPE			
<input type="checkbox"/> Cash Account Terms (Credit Card payment at time of order)			
<input type="checkbox"/> 30 Day Credit Account (Instant \$2000 credit limit is available to all approved businesses) <i>If you require a greater credit limit, please contact our accounts team on 07 3893 1000</i>			
I wish to open an account with Azapak in accordance with the terms and conditions of sale on our website.			
_____	_____	_____	_____
Name	Signature	Position	Date

**Once complete, send us
this form via fax or email:**

FAX
07 3893 1100

EMAIL
accounts@azapak.com.au

AZAPAK COMPANY DETAILS:

PHONE 1300 255 725

FAX 07 3893 1100

WEB azapak.com.au

EMAIL sales@azapak.com.au

HEAD OFFICE 36 Trade St, Lytton QLD 4178

POSTAL PO Box 137, Bulimba QLD 4171

ACN 125 873 056

equip / supply / manage