

NORTH WEST PACKAGING SUPPLIES

Shed 2 / 55 Pratts Park Road, Strathdale, 3550
Telephone: (03) 5449 9030 Facsimile: (03) 5449 3012
Email: sales@nwpackagingsupplies.com

Application for 30 Day Credit Account

Full Trading Name: _____

Postal Address: _____

Post Code: _____

Delivery Address: _____

Post Code: _____

Registered Address: _____

Post Code: _____

Telephone Number: _____ **Fax Number:** _____

Email: _____ **Account Contact Name:** _____

ACN: _____ **ABN:** _____

If not a Ltd Company, Name & Address of all Proprietors / Directors.

Name: _____ **Address:** _____

Name: _____ **Address:** _____

Trade References:

Name: _____ **Telephone No:** _____

Name: _____ **Telephone No:** _____

Name: _____ **Telephone No:** _____

AGREEMENT

1. TRADING TERMS ARE THIRTY (30) DAYS EOM, THAT IS PAYMENT WILL BE RECEIVED WITHIN 30 DAYS FROM THE END OF THE MONTH IN WHICH AN INVOICE IS ISSUED.
2. TITLE OF GOODS DOES NOT PASS UNTIL PAYMENT IN FULL HAS BEEN RECEIVED.
3. CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN SEVEN (7) WORKING DAYS.
4. NORTH WEST PACKAGING SUPPLIES POLICY FOR FIRST ORDER IS C.O.D.

Full Name & Title of Personnel Authorised to sign this Application:

Name: _____ **Title:** _____

Signature: _____ **Date:** ____/____/____