QUALITY PACKAGING
PTY.LTD. ACN 065272906
Unit 3 / 6 Harvard Way CANNING VALE WA 6155 Telephone: 08 94552202
Email: accounts@qpsales.com.au www.qualitypackaging.com.au

I/we _____

of _____

1. Make application to Quality Packaging PTY LTD for the supply of goods and materials, as ordered by me/us from time to time, on account.
2. In support of my/our Application, I supply the following information and warrant it to be true and correct.

CONFIDENTIAL ACCOUNT APPLICATION FORM

Company Name: _____

ABN: _____

Address: _____

Postal Address (if different) _____

Delivery Address (if different) _____

Purchasing Contact Name: _____

Fax No: _____ *Email:* _____

A/C Payable Contact Name: _____ *Phone No:* _____

Fax No: _____ *Email:* _____

Date of Establishment: _____ *Est Monthly Purchase:* _____

Please tick Appropriate: Pty Ltd Co [ ] Partnership [ ] Sole Trader [ ] Trust [ ]

Sole trader or Partnership
Full name of Proprietor: _____
Private Address: _____

Pty. Ltd Company
Full Name & Address of Directors: _____
If Trust, please supply Trustee's name and address, along with the copy of the Trust Deed.

_____

Payment Terms:

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- Payment terms are stated on each invoice. Prior to approval of the Account Application, all accounts are C.O.D. (via cheque, cash or credit card to be settled on day of supply). Once the Account Application has been approved (please provide email address for notification of approval), unless stated otherwise, payment terms are 30 days from date of invoice. Accounts paid after the due date will incur a late fee [interest of 1.5% per month], and repeated late payments may result in payment terms reverting to C.O.D.

- A credit limit will be assigned and communicated to you based on estimated monthly spend and terms agreed upon.

- Preferred method of payment is via EFT (bank account details listed on invoices).

- Disputes and/or claims do not constitute grounds for non payments of amounts other than those in dispute. Claims must be lodged within 7 days from receipt of goods.

Trade References: (Name, Phone & Fax No)

1. _____
   _____

2. _____
   _____

3. _____
   _____

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I, _____ declare that the information provided in this account application is true in every particular.

_____ _____
Signature of Director, Agent or Authorised Officer Date

Please complete and email to Quality Packaging – accounts@qpsales.com.au

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