



## Wholesale Cash Account Application

ABN: 84 116 749 994  
Phone: (07) 55 297 235  
Fax: (07) 55 716 233

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### 1) ACCOUNT DETAILS

Registered Business Name \_\_\_\_\_

ABN # \_\_\_\_\_ ACN (if company) # \_\_\_\_\_

Trading As:

\_\_\_\_\_

Delivery Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Website Address:

\_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

### 2) CONTACTS

Directors/Partners: \_\_\_\_\_ Email \_\_\_\_\_

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Accounts Contact: \_\_\_\_\_ Email \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Email \_\_\_\_\_

### 3) ACCOUNT TERMS

Estimated Monthly Purchases: \_\_\_\_\_

Account Terms: **Upfront payment by Direct Deposit. Goods released on supply of transaction receipt.**

**Credit Cards** are accepted, they attract a 2% processing fee.

**Cheques** are accepted, they must clear before goods will be released.

**RECENT TRADE REFERENCES**

Name: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**4) TERMS ACKNOWLEDGEMENT**

1. In the event of default payment, all legal costs, incidental expenses and collection charges will be charged to the applicants account.
2. The stock remains the property of Ink Zone Pty Ltd until paid for in full by the customer and Ink Zone Pty Ltd retains the right to repossess such unpaid stock from any location. Should similar stock (both paid and unpaid) be located together, all stock is deemed to be unpaid stock and therefore subject to repossession by Ink Zone Pty Ltd to value of unpaid debts.
3. The title of goods shall remain with the Seller until such time as the goods have been paid for in full. If payment is made by cheque then title shall only pass to the buyer once the cheque has been cleared.
4. We reserve the right to substitute other makes or brands with similar specifications (compatible products only) if the item ordered by the buyer is not available.

I hereby understand and accept the General Terms and Conditions of Sale as outlined above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form by fax to (07) 55 716 233 or by mail to:

Ink Zone Pty Ltd  
P.O Box 173  
Helensvale, QLD 4212