



Ph: 03 9890 1867 Fax: 03 9898 6527
 Email: zartart@zartart.com.au
 www.zartart.com.au
 Zart Art Pty Ltd
 ACN: 006 947 637 ABN: 23 796 863 716

For authorisation purposes, please return completed and signed form to Zart. Should you have any questions relating to filling out this form, please contact Zart.
Email: orders@zartart.com.au **Fax:** 03 9898 6527 or
Post: PO Box 1198, Waverley Gardens VIC 3170.

Credit Account Application Form

PART A: Organisation Details

Organisation Name:

Trading Name:

Registered ABN:

Postal Address:

Postcode:

Delivery Address:

Postcode:

Is your delivery address attended during business hours? Yes No If no, goods will be sent via mail (NB: flammables are not permitted to be sent as per Aust. Post)

Accounts Contact Name: Phone:

Accounts Email: Fax:

Do you supply Purchase Order Numbers? Yes No If no, please complete **PART B** below

Would you like to set up convenient online ordering for your staff? No Yes If yes, please complete **PART B** below

PART B: Staff members authorised to purchase from Zart on this account *Mandatory fields

*User 1 Name: Department:

Delivery Address:

*Email: Phone (if different from above):

Is this person authorised to purchase online? Yes If yes, an online store login and password will be sent to this user's email address. Please keep details secure.

*User 2 Name: Department:

Delivery Address:

*Email: Phone (if different from above):

Is this person authorised to purchase online? Yes If yes, an online store login and password will be sent to this user's email address. Please keep details secure.

*User 3 Name: Department:

Delivery Address:

*Email: Phone (if different from above):

Is this person authorised to purchase online? Yes If yes, an online store login and password will be sent to this user's email address. Please keep details secure.



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Credit Account Application Form *(Education Only)*

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Please complete Parts C, D, E & F if you are an Education Organisation)

PART C: Trade Reference Information

Please supply one Trade Reference to enable us to set up your account (Please note: This is a supplier who you have purchased from and not your own information). This section not required for Government Schools.

Reference Trade Name:

Reference Trade Phone: Company Fax:

What is your preferred **Credit Limit** for your account with Zart? \$

PART D: Please fill in this general information to help us serve you better

How would you prefer to receive our correspondence? Email or Post

Please supply preferred email address:

Hours of operation:

Preferred delivery days/times:

Do you operate during school holidays?

PART E: IMPORTANT – This section must be completed for us to process this application

Name of Principal or Business Manager/Bursar:

Email:

PART F: Authorisation – Only a Principal/Business Manager or authorised person to sign

I, authorise the user/s on this form to purchase on behalf of this school/ company, and goods to be charged to our school/company account.

*We the directors/owners of undertake to abide by the terms of trading at Zart, which are payment within 30 days and note that all stock is the property of Zart Art Pty Ltd until paid in full.

*This section not required for Government Schools.

Name (please print): Position/Title:

Signature: Date:



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Credit Account Application Form *(Business Only)*

Please complete Parts G, H, & I if you are a Business Customer

PART G: Type of Account

Do you require a **Cash Account** (payment up-front)? Yes No

If you require a **Credit Account**, please complete the following: Credit Limit Required \$

Credit References: Credit Account available subject to reference checks - please supply contact details below

Company:	<input type="text"/>	Phone:	<input type="text"/>	Fax:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>	Fax:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>	Fax:	<input type="text"/>

PART H: Organisation Description

Please give a brief description about your organisation – eg. what the company does, what the art materials are to be used for.

Company Sole Proprietor Partnership Other (specify)

Company Director: Phone:

Home Address:

Company Director: Phone:

Home Address:

PART I: Authorisation: Only a Director/Business Manager or authorised person to sign

I, authorise the user/s on this form to purchase on behalf of this company, and goods to be charged to our company account.

*We the directors/owners of undertake to abide by the terms of trading at Zart, which are payment within 30 days and note that all stock is the property of Zart Art Pty Ltd until paid in full.

Name (please print): Position/Title:

Signature: Date: