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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.

Purchase Online Authorisation Form

To charge purchases to an existing account

PART A: Organisation Details

Organisation Name:

Address:

Postcode:

School Email:

Customer Code (if known): Phone: Fax:

PART B: Staff members authorised to purchase online using this account

*Mandatory fields

*User 1 Name: Department:

Delivery Address:

*Email: Phone (if different from above):

*User 2 Name: Department:

Delivery Address:

*Email: Phone (if different from above):

*User 3 Name: Department:

Delivery Address:

*Email: Phone (if different from above):

An online store login and password will be sent to each user's email address. Please keep details secure.

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

Name of Principal or Business Manager/Bursar:

Email:

PART D: 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.

Name (please print): Position/Title:

Signature: Date: