

C.O.D ACCOUNT ONLY

TRADING NAME				
BUSINESS ADDRESS -				
POSTAL ADDRESS				_
PHONE #				
FAX #				
EMAIL		-		
NUMBER OF YEARS B	USINESS AT EXISTE	NCE UNDER PRES	SENT OWNER	SHIP?
DETAILS OF DIRECTO	ORS/PARTNERS/PROI	PRIETORS		
NAME:				
ADDRESS:				
HOME PHONE #	MC)BILE #		_
NAME:				
				_
NAME: ADDRESS: HOME PHONE #				-
ADDRESS: HOME PHONE #	M	OBILE #		_
ADDRESS: HOME PHONE # SPECIAL REQUIREMI	M ENTS: eg. Delivery Days SING PERSON/S	OBILE #s / Times or Other		_
ADDRESS: HOME PHONE #	M ENTS: eg. Delivery Days SING PERSON/S	OBILE #s / Times or Other		_
ADDRESS: HOME PHONE # SPECIAL REQUIREMI NAMES OF AUTHORIS	M ENTS: eg. Delivery Days SING PERSON/S	OBILE #s / Times or Other		_
ADDRESS: HOME PHONE # SPECIAL REQUIREMI NAMES OF AUTHORIS CONTACT PHONE # ORDER # REQUIRED Y AUTHORISED PERSON	M ENTS: eg. Delivery Days SING PERSON/S Y OR N	OBILE #S / Times or Other		_

80 GLADSTONE STREET FYSHWICK ACT 2609 Ph: 02 61622527or Fax: 02 61622593 EMAIL – accounts@1stopshops.com.au

OF PHONE AND EMAILED ORDERS PLEASE CALL 02 6162 2527.