

## **Application Form**

for 30 day commercial account facilities & access to current SPI wholesale price list.

Company De	tails:					
Name of Company:				ABN: _		
Type of Business:	☐ retail ☐	education	□ other			
	[if other plea	ase specify]				
Postal Address:						
				POST CODE: _		
Delivery Address: [tick if same as above]						
				POST CODE: _	<del></del>	
Contacts:						
Director:				PHONE:_		
	Email:					
Accounts Payable:				PHONE:_		
	Email:					
Orders/Deliveries:				PHONE:_		
	Email:					



Trade Refere	nces				
		Email:			
		Email:			
C	PHONE:	Email:			
Method of Au	ıthorisation				
·	cified person/s via telephone, SPI website, mpanied by verifying signature, PO, etc.	, or email.			
Please nominate					
commercial credit we the application for the lower lower lower status from another credit we another credit provider	der or collecting and payment that is e bound to the terms and conditions	ency for the purposes of assessing any overdue payments. In so doing plication or concerning SPI current that SPI may give to and receive a report about my/our consumer or ing the application made by me/us to overdue to a credit provider:			
SIGNED:	TI7	TLE:			
NAME:	D/	ATE:			
Please retur	rn completed form to: Scan Paci PO Box 10	fic International Pty Ltd 067 Broadway NSW 2007			

Or email: accounts@scanpacific.com.au

Applications take approximately two working days to process. Thank you for choosing SPI for your art supply needs.

