

BOOKSHOP BUSINESS CREDIT ACCOUNT APPLICATION

Terms and Conditions Apply - see below



1. BUSINESS DETAILS

Sole trader Partnership Company Trading trust Government authority Local government International customer

Business Name

Trading Name / Name of trust

ABN / ACN of company / business

ABN of trust

Name of trustee

Postal address

State

Postcode

Full Name of Signatory

Position

Email Address

Trading Hours

Landline Number (if applicable)

Mobile Number

How did you find out about Bookshop Business Credit Accounts? (tick any that apply)

Google

Bookshop Advertising

Bookshop Website

University Staff

Other

2. TYPE OF BUSINESS

Nature of business

Number of employees

Industry Type

Date of business commencement

/ /

continued overleaf...

3. CREDIT LIMIT REQUIRED

Credit Limit Required per Month (If more than \$1,000 per month, financial statements may be requested)

4. TRADE REFERENCES (MAJOR SUPPLIERS)

Business 1	Telephone
Email Address	
Business 2	Telephone
Email Address	
Business 3	Telephone
Email Address	

5. AGREEMENT

I / We hereby apply to open a business credit account with the Central Queensland University Bookshop, trading as CQUni Bookshop. I / We have read and fully understand the CQUni Bookshop Terms and Conditions (<https://bookshop.cqu.edu.au/terms.asp>) and agree to abide by them; assert that I / We have the authority to enter into this arrangement on behalf of my organisation and authorise CQUni Bookshop to make inquiries into any business/trade and banking references supplied.

Name
Title

Name
Title

SIGNATURE

SIGNATURE

Date / /

Date / /

Email application to **bookshop-accounts@cqu.edu.au**

Alternatively post your application to **CQUni Bookshop Accounts, Building 35, Bruce Highway, Rockhampton North QLD 4701**

BOOKSHOP STAFF USE ONLY

APPLICATION APPROVED ACCOUNT CREATED ONLINE PASSWORD CREATED APPLICANT GIVEN PASSWORD AND ACCOUNTS GUIDE

COMMENTS

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