BUSINESS CHANGES APPLICATION FORM

Stareast International Pty Ltd

WWW.STAREAST.COM.AU

Your Customer Code:

PO BOX 302, Padstow NSW 2211, Australia
45 Bryant St, Padstow NSW 2211, Australia
Ph: 02 9792 5988 Fax: 02 9792 5944 Email: sales@stareast.com.au
ABN 81 067 397 059 | ACN 067 397 057

Applicants Business Details

Please choose the purpose of this application form and fill out all relevent fields (tick as many as required):

☐ I would like to update my postal address ☐ I would like to update my delivery address ☐ I would like to update our contacts

☐ I would like to increase my credit limit ☐ I would like to change/update payment details ☐ I would like to update my phone, fax or email address

Other:

Applicant Trading Name: ABN:

Applicant Full Legal Name
(Trustee in case of Trust): ACN:

Business/Delivery Address

Address

Town/Suburb/Country State Postcode

Postal Address

Address/PO BOX

Town/Suburb/Country State Postcode

Phone/Email

Office Telephone #

Mobile #(s)

Fax #

Contacts

Accounts Contact

Purchases Contact

Do you wish to receive backorders
Note: Backorders not available for COD accounts & items are sent with future orders only. Yes ☐ No ☐

Does the purchases contact wish to receive our promotions & newsletters? Yes ☐ No ☐

If you have alternative branches, please specificy how many

Email Address (If all emails are the same, please fill the first field only)

Applicants Email Address:

Accounts Email Address:

Purchases Email Address:

Changes in Payment & Account Information (Please choose at least 1 payment type)

☐ Direct Debit (Not available to COD Customers)

Bank Name: Account Name:

BSB Number: Account Number:

☐ Cheque ☐ Direct Depost ☐ BPAY ☐ Cash ☐ EFTPOS Other:

☐ Credit Card (By ticking this option, you give Stareast Authority to store your credit card details for future orders)

Card Name: Card Number:

Expiry Date: CCV:

Signature:

☐ I would like to be considered for an increase in credit limit. My current fianancial situation has not adversely changed.

☐ The Applicant hereby notifies Stareast International P/L of new business details and requests and would like us to update our records accordingly. The applicant warrants the information herein is true and correct.

Signature of Applicant or Authorised officer :

Name of Signatory:

Date of Application: