

OFFICE USE ONLY:

Account Number: _____

Date Opened: _____

Opened by: _____

Confirmation: _____



DATE: ____ / ____ / ____

APPLICATION FOR A CASH ACCOUNT:

Business Name: _____

Nature of Business: Baskets Decorator Fine Foods Florist Functions/Events
 Gift Shop Hotels/Clubs Nursery/Garden Party Plan
Weddings Other

**** SALES REP TO CALL YES / NO ****

ABN: _____

Type of Business: Retail Outlet Home Based Online

Email: _____

Phone: _____

Mobile: _____

Fax: _____

Postal Address: _____

Street Address: _____
(For Deliveries) _____

Contact Name: _____

POSITION: _____

Payment Method: EFT For EFT Payments, please forward a remittance advice via fax to the above number or email to: admin@swannagencies.com.au

Credit Card: _____ Exp: ____ / ____

NOTE: Cheques are not accepted without prior bank clearance

**PLEASE NOTE RETURNS ARE NOT RECOGNISED UNLESS MADE WITHIN 7 DAYS OF PURCHASE. INVOICE NUMBER MUST BE QUOTED WHEN MAKING A CLAIM. CLAIMS CAN ONLY BE MADE IF THE PRODUCT IS FAULTY OR A MANUFACTURING ERROR. BULK DISCOUNTS MUST BE APPROVED BY MANAGEMENT.*