

Voiceovers **NOW!**

ACCOUNT APPLICATION

*Please note that all work is COD by Credit Card til the Account Application is completed and approved.
Please advise production if you require any work urgently.*

COMPANY NAME: _____

TRADING AS (if different to above): _____

ABN: _____ ACN: _____

SITE ADDRESS: _____

POSTAL ADDRESS (if different to above): _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

MAIN CONTACT NAME: _____

ACCOUNTS CONTACT NAME: _____ PHONE: _____

ACCOUNTS CONTACT EMAIL: _____ FAX: _____

TRADE REFERENCES *(Please supply three)*

COMPANY NAME	CONTACT NAME	PHONE	FAX
1.			
2.			
3.			

EXPECTED SALES PER MONTH: _____ REQUIRED CREDIT LIMIT _____

By signing you agree to pay all invoices within the terms outlined by Voiceovers Now, any overdue accounts will incur a late payment/administration charge of \$20.00 per month. Any expenses incurred by Voiceovers Now in recovering outstanding monies shall be paid by the applicant.

AUTHORISED SIGNATORY NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____

PLEASE FAX COMPLETED FORM TO: (07) 5587 7223

The Personal information supplied will be kept secure inline with Privacy Amendment (Private Sector) Act 2000.

**PO Box 2325 Burleigh BC QLD 4220
Phone 07 5587 7214 Fax 07 5587 7223**

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