

**CITY STATIONERY OFFICE CHOICE
ONLINE ORDERING APPLICATION FORM**

1. BUSINESS INFORMATION

Account Name: _____

Account Number: _____

Phone: _____

Fax: _____

ABN: _____

E-mail: _____

2. ONLINE USER DETAIL

Authorised User Surname: _____ **First name** _____

E-mail: _____

Authorised to Order Online Yes No

Authorised to View Account History Yes No

Authorised User (2) Surname: _____ **First name** _____

E-mail: _____

Authorised to Order Online Yes No

Authorised to View Account History Yes No

Tick One for Your Preferred City Stationery Store:

82 Pitt St. 299 Elizabeth St. 28 Market St. 330 Wattle St.

The following section needs to be filled in by an Authorised officer of the application company.

I declare that I have read and agreed to the terms and conditions of using the City Stationery Office Choice web site and online ordering system. I understand that until I notify City Stationery Office Choice otherwise, the above authorised user has the power to transact for the application company.

Full Name		Signature	
Position		Date	

Please return the original form to
 City Stationery Office Choice
 P.O. BOX 1137
 QUEEN VICTORIA BUILDING
 N.S.W. 1230