

Wholesale Application Form



Registered business name (Attach/fax copy): _____

Owner name: _____

Contact person (As above or): _____

A.B.N. (Attach/fax copy): _____

Street address: _____

Postal address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Business type: Store front Online store (Ebay stores not accepted) Kit club Other (Please specify): _____

Description of business: _____

How do you prefer to be contacted?

Email: As above or: _____

Fax: As above or: _____

Mail: As above or: _____

Phone: As above or: _____

How did you hear about Darkroom Door? _____

Terms & Conditions

1. You must purchase our products for the purpose of resale.
2. All orders are pre-paid with an minimum opening order of \$100. Re-orders have no minimum.
3. Payments can be made by Direct Deposit, Visa or MasterCard.
4. Orders within Australia are shipped by TNT, Fastway couriers or Australia Post.
5. This application must be completed with copies of your business registration and A.B.N. certificates.
6. Fax this application to: +61 2 4388 9560 or email to: info@darkroomdoor.com or mail to: PO Box 5454, Chittaway Bay NSW 2261 Australia

I have read the terms and conditions and agree to abide by them:

Name: _____

Signature: _____ Date: _____

Contact:

Rachel Greig & Stewart Yule

Order online:

www.darkroomdoor.com

Order by fax:

+61 2 4388 9560

Order by mail:

PO Box 5454,

Chittaway Bay NSW 2261 Australia

Email enquiries:

info@darkroomdoor.com

Phone enquiries:

+61 2 4388 9560

ABN 13 873 586 455