



ABORIGINAL STUDIES PRESS

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Credit Account Application

Name

Position

Organisation

ABN

Address

.....

Phone Fax

E-mail

Limit required:

Banking institution:

BSB # :

Account # :

Please supply details of two credit references

1. Name

Organisation

Phone Fax

E-mail

APPROVED

2. Name

Organisation

Phone Fax

E-mail

APPROVED

Please fax/mail this completed form to: Jeff Hobson, Business Manager, Corporate Services,
AIATSIS, PO 553, Acton ACT 2601. **Fax:** 02 6261 4285

Application approved **DATE**

(Jeff Hobson, Business Manager, Corporate Services)