

Paper / Magazine Delivery Application

New Customer Account details

Customer Name:

Delivery Address:

Suburb: Postcode:

Postal Address (if different to above):

Suburb: Postcode:

E-mail:

Home phone: Business or work phone:

Mobile:

Is your house / business clearly numbered? If not please give a brief description below to assist the driver in finding your home / business in the dark. Eg: "Red letter box on high side of street." "Beside easement."

Publications Requested for Delivery

Please print the number required for each publication under the day of the week in the table below.

	Mon.	Tue.	Weds.	Thurs.	Fri.	Sat.	Sun.
Herald Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Australian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required start date: / /

Please provide details below for other publications.

Delivery Request & Account Responsibility

I hereby request a paper / magazine delivery account be established as outlined on the previous page and undertake to ensure all account payments are made within 14 days and to comply with all other account conditions.

Name of person responsible for this account:

Date of Birth: / / Driver licence number:

Signature:

Please make cheques payable to Patterson Road Tatts, News & Post.

Credit Card Debit Request

Complete this section to arrange to have your account payments charged to your credit card each month.

Credit Card details

Credit Card Number:

Expiry Date: /

Cardholder Name:

Request & Authority

I hereby request and authorise Patterson Road Tatts, News & Post to charge to the credit card listed above the amount owing on the above listed customer account each month until further notice.

Cardholder's Signature:

Date: / /

Complete this form and send or fax to:

**Patterson Road Tatts, News & Post
51 Patterson Road,
Bentleigh Vic 3204**

Fax: (03) 9557 3060

Office Use

Date Received: / /

Date Actioned: / /

Actioned by: