



FOUNDED 1846

Grammar Shop - Application for Credit

Family Name (Please include initials): _____

Postal Address (for mailing accounts): _____

_____ Post Code: _____

Phone Number: _____ Mobile: _____

Email address: _____

Children at Grammar:

Name: _____ Grade: _____ Boarding: Y N

Name: _____ Grade: _____ Boarding: Y N

Name: _____ Grade: _____ Boarding: Y N

Name: _____ Grade: _____ Boarding: Y N

Do you allow Students to charge items on the account? YES NO

Do you wish to set an account limit? YES NO If so, to what value?

Do you wish to set any account limitations? (E.g. Uniform only, written permission required etc...)

If you would like to set up a monthly credit card payment for your account please provide details below.

Credit Card Number _____ Expiry Date __ / __

Name on Credit Card _____

Parent Signature _____

**** To be signed by all parties accepting responsibility for this account ****

Office use ONLY

Parent Account Number Account checked

Allocated Customer Code Authorised by

Our terms are 30 days with the amount being payable by the end of each month. If regular payment does not occur, we reserve the right to temporarily deactivate the account until the balance is cleared.