

Customer Application for 30 Days Commercial Credit

Company

Name NZBN

Registered Office GST Number

E-mail Address Phone Number Fax Number

Registered Trading Name

Postal Address

Trading / Delivery Address

Nature of Business

Length of time in Business years

Full name and private address of directors, proprietors or partners:

1. A/H Tel:

2. A/H Tel:

3. A/H Tel:

Credit Limit Request \$

Accounts Contact Name Phone Email

Purchasing Contact Name Phone Email

Trade References

1. Phone Email

2. Phone Email

3. Phone Email

4. Phone Email

Terms and Conditions provided with this application have been read and understood.

SIGNED NAME & POSITION

Office Use Only

Code: Date:

Customer Category Emailed 1 2 3 4

Credit Limit: Authorised: