

# APPLICATION FOR CREDIT

Copy Direct Ltd.  
8 Walls Road, Penrose  
Auckland  
P.O. Box 74142 Market Road



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Email: [copy@copydirect.co.nz](mailto:copy@copydirect.co.nz)  
Web: [www.copydirect.co.nz](http://www.copydirect.co.nz)

Name of Company, Organisation or Person:
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Trading Name (if different from above):
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Type of Business: Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> if Other please specify:
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Registered Office (if Limited Liability Company):	Paid Up Capital: \$	Companies Office Registration No.
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Nature of Business:
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Delivery and / or Physical Address:
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Postal Address (if different from above):
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Telephone: ( )	Fascimilie: ( )
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Accounts Contact Name: Telephone: ( )	Mobile No: ( )
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Directors / Partners / Proprietors and / or Company Officers		
FULL NAME	PRIVATE ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Details		
BANK NAME	BRANCH	TELEPHONE
_____	_____	_____

Trading References			
COMPANY NAME	CONTACT NAME	ACCOUNT NO.	TELEPHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<p><b>TERMS OF CREDIT</b></p> <p>1. Payment is due on the 20th of the month following invoice date unless otherwise agreed.</p> <p>2. Default on payment may result in the withdrawal of credit and subsequent liability for any collection fees incurred in the recovery of the debt.</p> <p>3. The customer agrees that the supplier shall retain the title in the supplied goods until payment is received in full.</p> <p>In the course of any enquiries or investigations that may be required by you to validate, or otherwise, my / our credit supply suitability, either now or in the future, I / we authorise any person or company to provide information of their experiences with me / us and I / we authorise without further permission, of such information to others seeking similar validation.</p> <p>FOR AND ON BEHALF OF THE APPLICANT</p> <p>Please print name in CAPITALS: _____ Signature: _____</p> <p>Designation: _____ Date: _____</p>
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