

APPLICATION FOR CREDIT

Copy Direct Ltd.
8 Walls Road, Penrose
Auckland
P.O. Box 74142 Greenlane
Auckland 1546



Phone: +64 (9) 579 5575
Fax: +64 (9) 579 5576
Email: print@copydirect.co.nz
Web: www.copydirect.co.nz
www.copydirectprintonline.co.nz
www.copydirectpromo.co.nz

Name of Company, Organisation or Person: _____

Trading Name (if different from above): _____

Type of Business: Limited Company Sole Trader Partnership Other if Other please specify: _____

Registered Office (if Limited Liability Company): _____	Paid Up Capital: \$ _____	Companies Office Registration No. _____
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Nature of Business: _____

Delivery and / or Physical Address: _____

Postal Address (if different from above): _____

Telephone: () _____	Contact Name: Email : _____
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Accounts - Contact Name: Telephone: () _____	Email: _____
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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. _____	_____	_____	_____

TERMS OF CREDIT

1. Payment is due on the 20th of the month following invoice date.
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.
3. The customer agrees that the supplier shall retain the title in the supplied goods until payment is received in full.

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.

FOR AND ON BEHALF OF THE APPLICANT

Please print name in CAPITALS: _____ Signature: _____

Designation: _____ Date: _____