



ROBINSON COMPLEX, MAIN ROAD, STOKE, NELSON PO Box 2274, STOKE, NELSON
Ph: (03) 547 9894 / (03) 547 0116
Email: pestells@xtra.co.nz

APPLICATION FOR CREDIT ACCOUNT

Full Name_____

Full Company Name_____

Address_____

Postal Address (if different from above) _____

Phone Number_____ Cell phone Number_____

Email Address_____

Individual Applicant Details

Date of Birth_____

Guarantor Of Account_____

Home Address_____

Phone Number_____ Cell phone Number_____

Company / Partnership Applicant Details

Registered Office

Name & address of principals or partnerships / directors & shareholders

1_____

2_____

3_____

4_____

Credit References (where other accounts held)

1_____ City/Town_____ Contact Number_____

2_____ City/Town_____ Contact Number_____

3_____ City/Town_____ Contact Number_____

4_____ City/Town_____ Contact Number_____

"I/We authorize any person or company to provide you with such information as you may require in response to your credit inquiries. I/We further authorise you to furnish to any third-party details of this application & any subsequent dealings that I/We may have with you as a result of this application being actioned by you."

"I/We agree to indemnify you against all costs whether commissions, legal fees or otherwise, incurred by you or your duly authorized agents relating to the recovery of any moneys, goods or services that may be outstanding from time to time pursuant to the terms of this agreement."

The above guarantor hereby guarantees payment of all sums for which this account is liable hereunder.

ACCOUNTS "MUST" BE PAID ON OR BEFORE THE 20th OF THE FOLLOWING MONTH

ACC No: 06-0705-0254836-00 00

Applicants Name:

Applicants Signature:

Date: