



ROBINSON COMPLEX, MAIN ROAD, STOKE, NELSON PO Box 2274, STOKE, NELSON
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APPLICATION FOR CREDIT ACCOUNT

Full Company Name _____

Full Trading Name _____

Address _____

Postal Address (if different from above) _____

Business Number _____ Mobile Number _____

Email Address _____

Individual Applicant Details

Full Name _____

Date of Birth _____

Guarantor Of Account _____

Home Address _____

Mobile 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: