Energy Services Tauranga Ltd

CREDIT ACCOUNT APPLICATION

To be completed by Applicants - Please complete all sections a	
	REF No.
Phone:	
Mobile:	Email:
Billing Address:	
Postcode:	Postcode:
COMMERCIAL CUSTOMERS ONLY	
	Company Number:
Requested Credit Limit:	Date Established:
Contact 1:	Contact 2:
Position:	Position:
Phone:	
	ership) OR DIRECTORS (If Company) OR TRUSTEES (If a Trust)
Full Name:	Full Name:
Home Address:	Home Address:
Postcode: Date of Birth:	Postcode: Date of Birth:
Home Phone:	
TRADE REFERENCES	
Business Name 1:	Business Name 2:
Address or A/C No:	Address or A/C No:
Phone:	
Fax:	Fax:
TERMS AND CONDITIONS OF TRADE (overleaf or attached conjunction with this Credit Account Application and agree to detailed in the Privacy Act clause therein. I agree that if I as shall be personally liable for the performance of the Customer Control of the Customer Cont	
SIGNED (ENERGY SERVICES):	SIGNED (CUSTOMER):
Name:	Name:
Position:	Position:
WITNESS TO CUSTOMER'S SIGNATURE:	
Signed:	Name: Date:
This is a Credit Account Application Form under the Const	ruction Contracts Act 2002. If you are a "Residential Occupier" please read clause 24 on the reverse.