Credit Account Application

customerservice@baksana.co.nz | accounts@baksana.co.nz | 04 801 7251

(Please tick) Ltd ☐Company ☐Individual ☐Sole trader ☐Partnership ☐Other (please state):

.....

Trading as: ……

Postal address: ……..

Physical address: .....

……

Email Address: .....

Contact name & position: .....

Nature of Business……

Years in Business……

Phone No:… ……..

Mobile No:……

If a limited liability company - address of registered office:

.....

Date of incorporation: ..... ……..

Incorporation no: .....

Ownership: Full details of Directors:

Name:…… Name:……

Address: …… Address: ……

Phone no:…….. Phone no:……..

Trade References

Company: ..... Contact Name: .....Phone Number: ..... Account Open Since: .....

Company: ..... Contact Name: .....Phone Number: ..... Account Open Since: .....

Company: ..... Contact Name: .....Phone Number: ..... Account Open Since: .....

1. that the above information is to the best of my knowledge, information and belief true and correct; and
2. that I have carefully read and agree to be bound by the terms and conditions as printed overleaf; and
3. that I am duly authorised to make this credit account application on behalf of the applicant and of anyone duly authorised to enter into future contracts on behalf of the applicant.

I also acknowledge that pursuant to the personal guarantee contained in the terms and conditions that I am also signing this application form in my personal capacity.

Signed ..... Print name ..... Position .....

Dated this ……. day of ……20

If the applicant is a company then this application form must be signed by a company director of the company.