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Trading as SpillKitsNZ

Tel 09 478 0158 or Freephone 0800 111548

**Email: sales@spillkits.co.nz**

**New Zealand Trade Merchants Limited (Reg.1801160)**

**APPLICATION TO OPEN AN ACCOUNT**

***Please complete all sections fully.***

|  |  |
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| **SECTION 1: NAME OFF APPLICANT AND BILLING DETAILS** | |
| Trading Name: | |
| Registered Name: | Contact Number:( ) |
| Email Address: | |
| Postal Address: | Delivery Address: |
| Contact Name: | Anticipated value of monthly purchases: |
| Primary Business: | Date business started: |
| **SECTION 2: FINANCIAL STRUCTURE (please circle classification applicable)** | |
| Sole Trader Partnership Private Company Public Company | |
| Names and addresses of sole proprietors, partners and directors as applicable | |
|  |  |
|  |  |
|  |  |
| Registered Office: | |
| Accountant: | Contact details: |
| Bank: | Branch: |
| **SECTION 3: Trade references and contact numbers** | |
| 1 | ( ) |
| 2 | ( ) |
| 3 | ( ) |
| **SECTION 4: CREDIT TERMS** | |
| Payment: If approved, payment in full by 20th of the month following date of invoice. | |
| Title: Title to goods supplied shall not pass to the purchaser until paid in full. | |
| **SECTION 5: DECLARATION** | |
| I/We certify that the above information is correct and apply for an account to be opened. I/We authorise **New Zealand Trade Merchants Ltd,** trading as ProSafetyNZ, to contact the references provided to establish my/our credit worthiness.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorised signatory | |