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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  |