



AUCKLAND
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APPLICATION FOR CREDIT

TRADING NAME: _____

COMPANY NAME: _____

(If different from above)

Date of Incorporation: _____

Street Address: _____

Postal Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

Mobile: (____) _____ Email: _____

Names & Addresses of Directors:

<p>1. Name: _____</p>	<p>2. Name: _____</p>
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<p>Address: _____ _____</p>	<p>Address: _____ _____</p>
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Date of Birth: _____	Date of Birth: _____
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Bank: _____	Branch: _____
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Trade References:

Name:	Phone:	How Long:
1. _____	_____	_____
2. _____	_____	_____

The buyer and signatories hereby agree to the Terms and Conditions of this Agreement as set out overleaf. Where there are two or more signatories to this Agreement they are jointly and severally liable for any breach of this Agreement.

Full Name of Company Owner _____ Date _____

Signature of Company Owner _____ Date _____

