



Operated by New Zealand Trade Merchants Limited

18 St Clair Place
Browns Bay
0630, North Shore City
Tel 09 478 0158
Fax 09 478 0091
Email: sales@nztrademERCHANTS.com

APPLICATION TO OPEN AN ACCOUNT

ALL SECTIONS MUST BE ANSWERED FULLY

SECTION 1: NAME OF APPLICANT AND BILLING DETAILS	
Trading Name:	
Registered Name:	Ph: Fax:
Email Address:	
Postal Address:	Deliver Address
Contact Name:	Anticipated value of monthly purchases:
Primary Business:	Date of Business started:
SECTION 2: FINANCIAL STRUCTURE (please circle classification applicable)	
Sole Trader Partnership Registered Private Company Registered Public Company	
NAME AND ADDRESS OF PROPRIETORS, PARTNERS, DIRECTORS AND SECRETARY AS APPLICABLE TO CLASSIFICATION	
Registered Office:	
Accountant:	Address:
Bank:	Branch:
SECTION 3: TRADE REFERENCES – Relevant References and Contact Telephone Nos.	
1	()
2	()
3	()
SECTION 4: CREDIT TERMS	
Payment:	If approved, payment in full by 20 th of the month following date of invoice.
Title:	Title to goods supplied shall not pass to the purchaser until paid in full.
Returns & Claims:	Refund on faulty stock returns will only be accepted within 14 days of delivery. Any other returns will incur a 10% handling charge.
SECTION 5: DECLARATION	
I/We certify that the above information is correct, apply for a credit account to be opened and authorise New Zealand Trade Merchants Limited to make such enquiries from the above trade references and/or Bankers as it deems necessary to establish my/our credit worthiness to it's satisfaction.	
Signature:	Date:

Please Fax to 09 478 0091 or scan and email to sales@firstaidkits.co.nz