



Trading as **ProSafetyNZ**

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Northcross, 0630, Auckland  
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## APPLICATION TO OPEN AN ACCOUNT

**ALL SECTIONS ARE TO BE ANSWERED IN FULL**

SECTION 1: NAME OF APPLICANT AND BILLING DETAILS		
Trading name:		
Registered name:	Ph:	Fax:
Email address:		
Postal address:	Delivery address	
Contact name:	Anticipated value of monthly purchases: \$	
Primary business:	Date you business started:	
SECTION 2: Corporate information (please circle classification applicable)		
Sole Trader	Partnership	Registered Private Company
		Registered Public Company
Names and addresses of proprietors, partners or directors		
Registered Offices:		
Accountant:	Address:	
Bank:	Branch:	
SECTION 3: TRADE REFERENCES – Relevant References and Contact Telephone Nos.		
1	( )	
2	( )	
3	( )	
SECTION 4: Credit terms		
If account is approved, payment is to be made in full by 20 <sup>th</sup> of the month following date of invoicing.		
Ownership of goods supplied shall not pass to the purchaser until paid is made in full.		
Refunds 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 and authorise <b>New Zealand Trade Merchants Limited</b> to contact any of the above trade references and/or Bankers if it deems it necessary to establish my/our credit worthiness.		
Signature:	Date:	