

CREDIT ACCOUNT APPLICATION FORM			
APPLICANT INFORMATION			
Name of Account:			
Entity (tick one): Company	<input type="checkbox"/>	Trust	<input type="checkbox"/>
	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>
Year Established:			
Incorporation/Registration No:			
Registered Office:			
Business Physical Address:			
Business Postal Address:			
Telephone:	Fax:	Email:	
Expected Maximum Amount of Credit Required Monthly: \$			
DIRECTORS/PROPRIETORS INFORMATION			
Full Name:			DOB:
Residential Address:			
Full Name:			DOB:
Residential Address:			
Full Name:			DOB:
Residential Address:			
TRADE REFERENCES (PLEASE PROVIDE THREE)			
Name:			
Contact:		Telephone:	
Name:			
Contact:		Telephone:	
Name:			
Contact:		Telephone:	
DECLARATION			
I/We hereby make application for a credit account to be opened in the name of the above entity.			
I/We acknowledge receipt of and agree to the Terms and Conditions of Sale.			
I/We agree to pay this account on the 20th of the month following invoice, or such terms as detailed in our Terms and Conditions of Sale or under the Construction Contracts Act 2002.			
I/We agree to you contacting our trade references, and in need conducting a credit reference check.			
Signature:			Date:
Name:		Position:	