



HQ & FACTORY
 THOMAS STREET
 PO BOX 5 TEMUKA 7948
 T +64 3 687 8100

AUCKLAND SALES OFFICE
 11 WOOKEY LANE
 KUMEU 0810
 T +64 9 412 5941

APPLICATION FOR MONTHLY CREDIT ACCOUNT

We request that a credit account be opened in our name. We have completed the credit application and undertake to make settlement of all accounts by the 20th of the month following date of invoice.

We acknowledge that you may have recourse to such financial institutions and credit agencies as you, in your absolute discretion, may think fit and agree to ratify your actions and to supply any further information you may require to establish our credit rating.

We consent to NZ Insulators Ltd using, and providing to third parties, for all proper purposes (*including information exchange with credit reference agencies*) any information provided by you to NZ Insulators Ltd.

Company Name: _____

Postal Address: _____

Delivery Address: _____

Charge Address: _____
(if different from above)

E-Mail Address : _____

Telephone: _____ Fax: _____

Accountant: _____

Accounts Payable Contact: _____

Bank: _____

References:

(1) _____ Telephone: _____

(2) _____ Telephone: _____

(3) Estimated Monthly Sales: _____

(4) Type of Product Required: _____

Signed: _____

Authorising Persons Name: _____

Title: _____ Date: _____