



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

AUCKLAND BRANCH  
 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 20<sup>th</sup> 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: \_\_\_\_\_

Invoice E-Mail Address: \_\_\_\_\_

Statement 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: \_\_\_\_\_