

# 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@assistivedevices.co.nz

## APPLICATION TO OPEN AN ACCOUNT

ALL SECTIONS **MUST** BE ANSWERED FULLY

<b>SECTION 1: NAME OF APPLICANT AND BILLING DETAILS</b>	
Trading Name:	
Registered Name:	Ph: <span style="float: right;">Fax:</span>
Email Address:	
Postal Address:	Deliver Address
Contact Name:	Anticipated value of monthly purchases:
Primary Business:	Date of Business started:
<b>SECTION 2: FINANCIAL STRUCTURE (please circle classification applicable)</b>	
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:
<b>SECTION 3: TRADE REFERENCES – Relevant References and Contact Telephone Nos.</b>	
1	( )
2	( )
3	( )
<b>SECTION 4: CREDIT TERMS</b>	
Payment:	If approved, payment in full by 20 <sup>th</sup> 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.
<b>SECTION 5: DECLARATION</b>	
I/We certify that the above information is correct, apply for a credit account to be opened and authorise <b>New Zealand Trade Merchants Limited</b> 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@assistivedevices.co.nz