



KiwiKitsNZ
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 Cable Bay 0420
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APPLICATION TO OPEN AN ACCOUNT

ALL SECTIONS MUST BE ANSWERED FULLY

SECTION 1: NAME OFF APPLICANT AND BILLING DETAILS		
Trading Name:		
Registered Name:	Ph:	Fax:
Email Address:		
Postal Address:	Deliver Address	
Contact Name:	Anticipated value of monthly purchases:	
Primary Business:	Date of Business started:	
SECTION 2: FINANCIAL STRUCTURE (please circle classification applicable)		
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:	
SECTION 3: TRADE REFERENCES – Relevant References and Contact Telephone Nos.		
1	()	
2	()	
3	()	
SECTION 4: CREDIT TERMS		
Payment:	If approved, payment in full by 20 th 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.	
SECTION 5: DECLARATION		
I/We certify that the above information is correct, apply for a credit account to be opened and authorise . NZTM t/as KiwikitsNZ 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:	