TRU-BILT®

Tru-Bilt Industries Limited

20 Townleys Road, Kenmure, DUNEDIN 9076 Phone: (03) 777 3406 • Fax: (03) 488 2061 Email: info@tru-bilt.co.nz Web: www.tru-bilt.co.nz

INDUSTRIES

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Client Details: Individual Sole Trader Trust Partnership Company Other:							
Full or Legal Name:							
Trading Name: (If different from above)							
Physical Address:		Postcode:					
Billing Address:				Postcode:			
Email Address:							
Phone No:	Mobile No:						
Personal Details: (please complete if you are an	Individual)						
D.O.B. Driver's Licence No:							
Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)							
Company Number:	towners):						
Nature of Business:		GST No: (if applicable)					
Paid Up Capital: \$ Estimated Monthly Purchases: \$			Credit Limit Required: \$				
Principal Place of Business is: Rented Owned Mortgaged (to whom):							
Directors / Owners / Trustee (if more than two, p.	lease attach a separate shee	ət)					
(1) Full Name:		D.O.B.					
Private Address:				Postcode:			
Driver's Licence No:	river's Licence No: Phone No:		Mobile No:				
(2) Full Name:			D.O.B.				
Private Address: Postcode:							
Driver's Licence No:	er's Licence No: Phone No:		Mobile No:				
Account Terms: 20 Days COD Other:							
Purchase Order Required?	Accounts to be emailed?						
Accounts Email Address:							
Accounts Contact:			Phone No:				
Bank and Branch:			Account No:				
Trade References: (please provide companies that are willing to do trade references)							
Name:	Addres	SS:	Phone / Fax / Email:				
1.							
2.							
3.							

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Tru-Bilt Industries Limited which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

SIGNED (CLIENT):	SIGNED (TBI):
Name:	Name:
Position:	Position:
Date:	Date:

OFFICE USE ONLY				
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE
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