

CREDIT APPLICATION



Raven Rolls Ltd
2/65 Hunua Road
Papakura
Auckland
PO Box 207043
Hunua 2254
Tel: +64 (9) 915 5266
Fax: +64 (9) 915 5267

APPLICATION NO: _____

NATURE OF ORGANISATION: Sole Trader Partnership Limited Company Individual

TRADE NAME: _____

LEGAL NAME: _____ GST REGISTERED YES NO

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE: _____ FAX: _____ MOBILE: _____ EMAIL: _____

REGISTERED OFFICE: _____ COMPANY NUMBER: _____

CONTACT PERSON FOR ACCOUNT: _____

BANK NAME AND BRANCH: _____

BANK ACCOUNT NUMBER: _____

SOLICITOR'S NAME AND ADDRESS: _____

ACCOUNTANT'S NAME AND ADDRESS: _____

CREDIT REFERENCES (3 REQUIRED)

1. _____
2. _____
3. _____

DIRECTORS/PROPRIETORS

1	NAME: _____	DATE OF BIRTH: _____
	ADDRESS: _____	
2	NAME: _____	DATE OF BIRTH: _____
	ADDRESS: _____	

ESTIMATED CREDIT AMOUNT REQUIRED PER MONTH \$

ACCEPTANCE

I certify that the above information is true and correct, and understand that I am authorised to make this application for credit in accordance with the Privacy Act (1993). I authorise any person or company to give information as may be required in response to credit enquiries.

I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE of RAVEN ROLLS LTD (overleaf or provided separately) and agree to abide by these conditions, which form part of, and are intended to be read in conjunction with this CREDIT APPLICATION and agree to abide by these conditions

SIGNED: _____ TITLE: _____

FULL NAME: _____

DATE: _____ DATE OF BIRTH: _____

(IF SOLE TRADER OR INDIVIDUAL)

OFFICE NOTES: