

Info@H20Cut.co.nz 027 328 2553

APPLICATION FOR CREDIT ACCOUNT

www.H20cut.co.nz

3 Murphy's, Rd Springlands, Blenheim, NZ

Limited Company/Sole Trader/Partnership/Trust/(please circle)

FULL NAME:		
	Accounts:	
Mobile:Fax:	Email:	
Date Business Started:	_GST No:	
IF LIMITED COMPANY: Registered Office:		
Date of incorporation:	Paid Up Capital \$:	
Name and Address of Directors:		
Associated Companies:		
IF PARTNERSHIP/SOLE TRADER: Owner(s) Name/Home Address/Phone Number:		
	Date Of Birth:	



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Natur	e Of Business:	Anticipated Monthly Purchases \$:
Banke	rs:	Branch:
Accou	ntants:	
TRAD	DE REFERENCES	
1:		Phone:
2:		Phone:
3:		Phone:
I/We	the Company's terms and conditio sale are available on our website was Agree that our account is payable of that our account can be placed on Acknowledge that the Company management of the company of the company management of the company of the	ision Water Jet Cutting Marlborough (Trading as H20 Cut) (The Company) shall be on ns of sale that are current at the time of any purchase. Our terms and conditions of
SIGNE	D:	PRINT NAME:
DATE:		POSITION: