



New Zealand Trade Merchants Limited (Reg.1801160)

Trading as ProSafetyNZ

Tel 09 478 0158 or Freephone 0800 111548

Email: sales@prosafetynz.co.nz

APPLICATION TO OPEN AN ACCOUNT

Please complete all sections fully.

SECTION 1: NAME OFF APPLICANT AND BILLING DETAILS			
Trading Name:			
Registered Name:	Contact Number:()		
Email Address:			
Postal Address:	Delivery Address:		
Contact Name:	Anticipated value of monthly purchases:		
Primary Business:	Date business started:		
SECTION 2: FINANCIAL STRUCTURE (please circle classification applicable)			
Sole Trader	Partnership	Private Company	Public Company
Names and addresses of sole proprietors, partners and directors as applicable			
Registered Office:			
Accountant:	Contact details:		
Bank:	Branch:		
SECTION 3: Trade references and contact numbers			
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.		
SECTION 5: DECLARATION			
I/We certify that the above information is correct and apply for an account to be opened. I/We authorise New Zealand Trade Merchants Ltd , trading as ProSafetyNZ , to contact the references provided to establish my/our credit worthiness.			
Signature: _____		Date: _____	
Authorised signatory			