



NORTHLAND  
**Timber Co.**  
L I M I T E D

P O Box 696  
KAITAIA 0441  
NEW ZEALAND  
Phone: (09) 408 0897  
Fax: (09) 408 0895  
Email: ntc@xtra.co.nz

**Account Application**

*(The information provided on this form will be used only for the purposes of obtaining credit reference information for Northland Timber Co. Ltd)*

<b>NAME:</b>

*Information applicable to both natural persons and company or incorporation*

Type of Business: (eg: timber wholesaler, garden retailer, etc.)	
Nature of Business: (eg: sole trader, partnership, company)	
Bank:	
Branch:	
Solicitor:	
Accounts Person:	
Amount of Credit required:	

Trade References:

Company 1	Phone	Contact
Est Mthly Purchase		
Company 2	Phone	Contact
Est Mthly Purchase		
Company 3	Phone	Contact
Est Mthly Purchase		

*Not for companies (If company please turn over)*

<b>NATURAL PERSON - SOLE TRADER OR PARTNERSHIP</b>	
First Name:	
Middle Names:	
Last Name:	
Date of Birth:	
Email Address:	
Fax:	
Contact Telephone:	
Contact Address:	
Suburb:	
City/Town:	
<b>NATURAL PERSON - SOLE TRADER OR PARTNERSHIP</b>	
First Name:	
Middle Names:	
Last Name:	
Date of Birth:	
Email Address:	
Fax:	
Contact Telephone:	
Contact Address:	
Suburb:	
City/Town:	
<b>NATURAL PERSON - SOLE TRADER OR PARTNERSHIP</b>	
First Name:	
Middle Names:	
Last Name:	
Date of Birth:	
Email Address:	
Fax:	
Contact Telephone:	
Contact Address:	
Suburb:	
City/Town:	
SIGNED: _____ NAME: _____ SIGNED: _____ NAME: _____ SIGNED: _____ NAME: _____	Witness's signature: _____ Witness's name: _____ Witness's occupation: _____ Witness's address: _____

SIGN HERE ▼

*For a partnership please fill in one section for each partner – if a sole trader, then fill in one section only*

**THIS PAGE FOR COMPANIES**

<b>NAME OF COMPANY:</b>

**COMPANY OR OTHER INCORPORATED BODY**

(Not for sole trader or partnership)

Trading Name:	
Email Address:	
Fax:	
Contact telephone:	
Contact address:	
Suburb:	
City/Town:	

Street Address to which deliveries are to be made:	
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**Person Acting on Behalf of the Company**

First Name:	
Middle Names:	
Last Name:	
Email Address:	
Fax:	
Contact Telephone:	
Contact Address:	
Suburb:	
City/Town:	

**Fill in this page if you are a company**

PLEASE TURN OVER

**COMPANY**

If the company has only one director this form must be signed by that director and witnessed by any adult.

If the company has two directors both directors must sign but their signature does not need to be witnessed.

**SIGNED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ Director/Authorised signatory

  

**SIGNED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ Director/Authorised signatory

  

**DATE:** \_\_\_\_\_

  

**If sole director:**

**Witness's signature:** \_\_\_\_\_

**Witness's name:** \_\_\_\_\_

**Witness's occupation:** \_\_\_\_\_

**Witness's address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fill in this page if you are a company**