

Application for Credit/Account

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

Name:

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

Type of Business: e.g. Timber Wholesaler Garden Retailer	
Nature of Business: e.g. Sole Trader, Partnership, Company	
Bank	
Branch	
Solicitor	
Accounts Person	
Amount of credit required:	

Trade References:

Company 1:	Contact Person:	Phone:	Email:
Estimated Monthly Purchase:			
Company 2:	Contact Person:	Phone:	Email:
Estimated Monthly Purchase:			
Company 3:	Contact Person:	Phone:	Email:
Estimated Monthly Purchase:			

For a Partnership, please fill in one section for each partner - If a Sole Trader, then fill in one section only

NATURAL PERSON, SOLE TRADER, OR PARTNERSHIP

First Name:

Middle Name:

Surname:

Date of Birth:

Email:

Address:

Mobile:

Suburb:

City/Town and Postcode:

NATURAL PERSON, SOLE TRADER, OR PARTNERSHIP

First Name:

Middle Name:

Surname:

Date of Birth:

Email:

Address:

Mobile:

Suburb:

City/Town and Postcode:

NATURAL PERSON, SOLE TRADER, OR PARTNERSHIP

First Name:

Middle Name:

Surname:

Date of Birth:

Email:

Address:

Mobile:

Suburb:

City/Town and Postcode:

Name: _____

Signed: _____

Name: _____

Signed: _____

Name: _____

Signed: _____

Witness Name:

Witness Signature:

Witness Occupation:

Witness Address:

This page for Companies only

Name of Company:

Company or other Incorporated Body (Not for Sole Trader or Partnership)	
Trading Name	
Email	
Phone	
Address	
Suburb	
City/Town and Postcode	
Street Address to which deliveries are to be made:	
Person Acting on Behalf of Company or Incorporated Body:	
First Name	
Middle Name	
Surname	
Mobile	
Email	
Address	
Suburb	
City/Town and Postcode	

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 Signature _____
Witness Name _____
Witness Occupation _____