



**New Zealand Head Office:-**  
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 P.O. Box 21561  
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**Ph (09) 836 9974**  
**Email-** auckbritt@extra.co.nz

**PH: 0800 102 090 FAX: (09) 836 9914**

# Credit Application Form

Please complete in full

**Full Business Name Of Application:**

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**ABN**

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**Phone** ( )

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**Fax** ( )

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**Email**

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**Postal Address**

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**Trading Name (if different):**

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**Indicate Type of Business**  **Sole Trader**  **Partnership**  
 **Company**

**Nature of Business** \_\_\_\_\_

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**Period Established** \_\_\_\_\_

**Period at Present Address** \_\_\_\_\_

**Delivery Address (If different from postal)**

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**Contact 1 (Practitioner)** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Contact 2 (Accounts)** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Partners or Directors - Full Names & Private Addresses:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Trade references (Suppliers with whom monthly accounts are conducted):**

<b>Name:</b>	<b>Address:</b>	<b>Phone No:</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If this application for a credit account is approved I/we undertake to comply with the terms and conditions of sale of Auckbritt International which I/we acknowledge that I/we have read and agree to comply with.

If this account is in the name of a company I/we covenant with Auckbritt International that in default of payment to Auckbritt International by the company, that I/we shall be personally responsible for the discharge of debt any and all due and owing by the company to Auckbritt International.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_