



Account Application Form

Full Legal Name.....
Trading name.....
Physical address of business.....
Postal address for account.....
.....Post code.....

Contact person/s.....
Telephone.....Fax No.....
Email address.....

Where would you like invoices sent to? Postal address
Email
Fax

Type of business.....
Website address.....
Accountant.....
Solicitor.....

Would you like to receive our email updates? Yes No

ALL PRIVATE LIMITED LIABILITY COMPANIES – PARTICULARS OF DIRECTORS

FULL NAME	Private Address	Date of Birth
.....
.....
.....

PARTNERSHIPS / ORGANISATIONS (President & Secretary) / SOLE TRADERS

FULL NAME	Private Address	Date of Birth
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I/We hereby make application of a credit account to be opened in the name of the above company/person.
I/We agree to pay this account within 7 days following date of invoice, unless by prior arrangement.
I/We agree to pay on demand all collection costs and solicitors' fees, charges and/or costs and enforcement costs incurred or expended in recovering payment of this account.
I/We authorise North Canterbury Employment Solutions Ltd to undergo any credit checks into the above Company, Directors or Principals, if deemed necessary.

I/We have read, and understand you Terms and Conditions and agree to abide them.

I sign as a duly authorised Person or Officer:

Position/Title:Date:

Name:.....