

Account Application Form

Full Legal Name Trading name Physical address of business							
				Postal address fo	or account		
						Post co	ode
Contact person/s	5						
Telephone Email address All invoices will be sent to the above email address. Type of business Website address Accountant							
				Solicitor			
				Would you like to	o receive our email updates?	Yes No No	
				ALL PRIVATE LIN	IITED LIABILITY COMPANIES – I	ARTICULARS OF DIRECTORS	
				FULL NAME	Private Address	Date of Birth	
					/ ODGANISATIONS /D		
	ORGANISATIONS (President 8						
FULL NAME		Date of Birth					
How did you hear al	oout Elevate?						
I/We agree to pay t I/We agree to pay o incurred or expende I/We authorise Nort	application of a credit account to be on his account within 7 days following of an demand all collection costs and solined in recovering payment of this account Canterbury Employment Solutions frectors or Principals, if deemed necess	ate of invoice, unless by prior arra itors' fees, charges and/or costs ar nt. td trading as Elevate to undergo ar	ngement. nd enforcement costs				
I/We have read, and	d understand you Terms and Condition	ns and agree to abide them.					
I sign as a duly auth	orised Person or Officer:						
Position/Title:		Date:					