|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Credit Application | | | | | | | |
| Business contact information | | | | | | | |
| Company name: | | | | | | | |
| Contact: | | | Phone: | | E-mail: | | |
| Company Address: | | | | | | | |
| Suburb: | | | | | City: | | Postcode: |
| In business since: | | | | | | | |
| Sole trader: 🞏 | | Partnership: 🞏 | | | Limited liability: 🞏 | | Other: 🞏 |
| Business and credit information | | | | | | | |
| Postal address: | | | | | | | |
| Suburb: | | | | City: | | | Postcode: |
| Telephone: | | |  | Accounts E-mail: | | | |
| Director/s name: | | | | | | | |
| Directors Address: | | | | Phone: | | | |
| Suburb: | | | | City: | | | Postcode: |
| Business/trade references (Minimum of 3) | | | | | | | |
| **Company name:** | | | | | **Company name:** | | |
| Contact name: | | | | | Contact name: | | |
| Address: | | | | | Address: | | |
| City: | Postcode: | | | | City: | Postcode: | |
| Phone: | | | | | Phone: | | |
|  | | | | |  | | |
| E-mail: | | | | | E-mail: | | |
| **Company name:** | | | | | **Company name:** | | |
| Contact name: | | | | | Contact name: | | |
| Address: | | | | | Address: | | |
| City: | Postcode: | | | | City: | Postcode: | |
| Phone: | | | | | Phone: | | |
|  | | | | |  | | |
| E-mail: | | | | | E-mail: | | |
| Agreement | | | | | | | |
| 1. All invoices are to be paid on the 20th of the month following the date of the invoice. 2. Any claims arising from invoices must be made within seven working days of receipt of invoice. 3. By submitting this application, you authorise Prestige Doors & Gates Ltd to make inquiries into the banking and business/trade references that you have supplied. | | | | | | | |
| Signatures | | | | | | | |
| Title:  Date: | | | | | Title:  Date: | | |

|  |  |
| --- | --- |
| **Prestige Doors & Gates Ltd**  52 Fairfax Ave, Penrose  Auckland | |
|  | PH: 09 638 9474 |

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Please email application to:

[**admin@prestigedoors.co.nz**](mailto:admin@prestigedoors.co.nz)