

CUSTOMER ACCOUNT APPLICATION

Please complete the form using BLOCK capitals, and return to nicky@hcom.co.nz.

REGISTERED COMPANY NAME/ TRADING NAME DETAILS

| | | | |
|--------------------------|-----------------------|------------------------|-----------------------|
| Registered Company Name: | | Accounts Contact Name: | |
| Trading Name: | | Accounts Telephone: | |
| SOLE PROPRIETOR | <input type="radio"/> | PARTNERSHIP | <input type="radio"/> |
| LIMITED LIABILITY | <input type="radio"/> | Accounts Email: | |

COMPANY ADDRESS

| | |
|---------------------|---------------------------|
| Physical Address: | Telephone: |
| Town/City: | Contact Name (Purchaser): |
| Post Code: | Email (Purchaser): |
| | Website: |
| Registered Address: | |
| Delivery Address: | |

DIRECTORS/ SOLE PROPRIETOR/ PARTNERS DETAILS

| | |
|------------|------------|
| Name: | Name: |
| Address: | Address: |
| | |
| Email: | Email: |
| Telephone: | Telephone: |

TRADE REFERENCES

| | |
|------------------|------------------|
| Name of Company: | Name of Company: |
| Contact Name: | Contact Name: |
| Position Held: | Position Held: |
| Address: | Address: |
| | |
| Email: | Email: |
| Telephone: | Telephone: |

COMPANY DETAILS

| | |
|------------------------|-----------------------------|
| Date Business Started: | Registration No or NZBN No: |
| Bank: | Branch: |
| Account Name: | Account Number: |
| G.S.T Number: | Max Credit Requested: |

AGREEMENT

I am authorised to make this request and have read and accept the Terms and Conditions of Sale supplied with this application.

| | |
|-------------|----------------|
| Signed: | Dated: |
| Print Name: | Position Held: |