

NEW WHOLESALE ACCOUNT - APPLICATION FORM



BUSINESS CONTACT INFORMATION		
First name:	Last name:	
Company / Business name:	Title:	
Trading as (if different):	NZBN:	
Street Address:		
City:	Suburb:	
Region:	Post Code:	
Phone:	Social Media Handle:	
Primary e-mail:	Website:	
Accounts e-mail:		
GST number:		
Primary Type of Business:		
<input type="checkbox"/> Home Accessories / Décor	<input type="checkbox"/> Furniture Store	<input type="checkbox"/> General Retail
<input type="checkbox"/> Interior Design	<input type="checkbox"/> Home Staging	<input type="checkbox"/> Builder
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Other:	
Number of store / warehouse locations:		
Number of years in business:		
How much stock do you plan to order per month?		
How did you hear about Iron Moe?		
<input type="checkbox"/> Add me Iron Moe's Mailing List.		

Signature

Date

Print Name

Iron Moe Limited

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