Total Bins Limited PO Box 7220 Victoria Street West Auckland 1142 PH: 0800 835 725



APPLICATION FOR CREDIT - GOODS

Irade Name:	
☐ Sole Trader ☐ Par	tnership Trading As Company Other
Legal Name:	
Physical Address:	
Postal Address:	
Telephone:	雷 () Fax: 曷() Mobile: ﴿ ()
Identification Type:	Identification Number:
E-Mail Address:	Date of Birth:
Business Activities:	
If a Company: Registere	d Office address and Company Number:
If a Partnership or Sole 7	Frader: Are copies of all Drivers Licences or Birth Certificates or Passports attached?
Principal Shareholders or	Proprietors:
Name and address of all	Directors, or Partners if a Partnership (if not named above):
Bank:	Branch:
Solicitor's Name and Add	dress:
Accountant's Name and	Address:
Independent Trade Refer	rences (not utilities, solicitors, accountants or banks)
1.	Phone: ()
2.	Phone: ()
3.	Phone: ()
Persons with authority to	order are:
Name of Accounts Payab	le contact:
This form completed by:	Title:
DECLARATION:	
	(name):
	and Conditions of Trade; as and Conditions of Trade;
 agree to the Terms a 	and Conditions of Trade;
	thorised to accept these Terms and Conditions of Trade on behalf of the Customer; all retain full ownership of all Goods supplied;
 authorise any persor response to its credit 	or company, under the Privacy Act 1993, to provide the Vendor with any information the Vendor may require in
 authorise you to furn 	. enquines, nish to any third party details of this application for credit and any subsequent dealings the Customer may have
with you; undertake to pay the	Account as it falls due;
acknowledge that in	default of prompt payment, interest will accrue at the rate of 2.5% per month;
	ounts will incur collection/legal fees (as between solicitor and client).
Signed:	Company Director/Partner/Proprietor/Manager_(delete inapplicable)
Title:	Date: