



# Accurate Labelling

Ph 04 529 7462 Fax 049310050  
P O Box 48 149 Silverstream Wellington

## CREDIT APPLICATION FORM

Name of Applicant :  
Trading As :  
Delivery Address :  
Postal Address :  
Telephone : Fax : Mobile:

Company Partnership Sole Trader

Name & home address of Managing Director / Proprietors

:  
:  
:

Applicants Bank: Branch:

Accountant: Address:

### PLEASE SUPPLY TWO CREDIT REFERENCES

1. Name : Phone :  
Address:

2. Name : Phone :  
Address:

I agree to abide by the terms of credit of Accurate Labelling Ltd, being payment in full by the 20<sup>th</sup> of the following month of invoice date.

I agree to pay all debt collection expenses resulting from an overdue account.

The title of all goods supplied shall remain with Accurate Labelling Ltd until full payment has been received.

I warrant that the information given is true and authorise Accurate Labelling Ltd to obtain information from any source in support of my application. I also acknowledge that information relating to my account may be provided to any other party requesting the same.

Signed ..... Name .....

Position .....Date .....