



1	Full Name or Company Trading Title			
2	NZBN	Date Established		
3	Address			
4	If Pty Ltd Company – Registered office address			
5	Company Information	Nature of Business:		
6	Telephone Number	Accounts Contact:	Name: Tel: Email:	
7	Indicate Monthly Credit Requirement	<input type="radio"/> 1000.00 <input type="radio"/> 3000.00 <input type="radio"/> 5000.00	<input type="radio"/> 10,000.00 <input type="radio"/> 20,000.00 +	*Payment terms due 20 <sup>th</sup> of the month following from Invoice date.
8	Is your company a member of a larger group?	YES/NO	If Yes, please state group	
9	Bank Details	Account Name:		
10	Account Number	BSB		
11	Name of Company Managing Director	Home Address of Managing Director		
12	Name of Company Secretary	Home Address of Company Secretary		
13	Trade References	Company Name: Address:		Contact: Phone: Fax: Email:
		Company Name: Address:		Contact: Phone: Fax: Email:
		Company Name: Address:		Contact: Phone: Fax: Email:

I/We acknowledge and accept the Conditions of Sales detailed on an accompanying document. I/We acknowledge that legal and beneficial ownership of goods shall remain with Control Devices New Zealand Ltd until payment in full is received. I/We acknowledge that Control Devices New Zealand Ltd will search the records of Credit Reference New Zealand in relation to this Credit Application. \*Please contact Accounts for different payment terms.

Signature: ..... Name: .....

Position: ..... Date: .....

**IMPORTANT: PLEASE ATTACH A SAMPLE OF YOUR CURRENT PURCHASE ORDER FORM FOR OUR RECORDS**