



New Zealand Trade Merchants Limited (Reg.1801160)

Trading as ProSafetyNZ

Tel 09 478 0158 or Freephone 0800 111548

Email: sales@firstaidkits.co.nz

APPLICATION TO OPEN AN ACCOUNT

Please complete all sections fully.

SECTION 1: NAME OFF APPLICANT AND BILLING DETAILS	
Trading Name:	
Registered Name:	Contact Number:()
Email Address:	
Postal Address:	Delivery Address:
Contact Name:	Anticipated value of monthly purchases:
Primary Business:	Date business started:
SECTION 2: FINANCIAL STRUCTURE (please circle classification applicable)	
Sole Trader Partnership Private Company Public Company	
Names and addresses of sole proprietors, partners and directors as applicable	
Registered Office:	
Accountant:	Contact details:
Bank:	Branch:
SECTION 3: Trade references and contact numbers	
1	()
2	()
3	()
SECTION 4: CREDIT TERMS	
Payment:	If approved, payment in full by 20 th of the month following date of invoice.
Title:	Title to goods supplied shall not pass to the purchaser until paid in full.
SECTION 5: DECLARATION	
I/We certify that the above information is correct and apply for an account to be opened. I/We authorise New Zealand Trade Merchants Ltd , trading as ProSafetyNZ, to contact the references provided to establish my/our credit worthiness.	
Signature:_____ Date:_____	
Authorised signatory	