



SOUTH PACIFIC
FASTENERS

(03) 377 1464
info@spfasteners.co.nz
www.spfasteners.co.nz
PO Box 10003,
Phillipstown 8145

Customer Credit Application for Trade Account

Business Contact Information

Contact Name:			
Phone:	Fax:	Email:	
Address:			
City:		Postcode:	
In business since:			
Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Liability <input type="checkbox"/>	Other <input type="checkbox"/>

Business and Credit Information

Postal Address:			
City:		Postcode	
Phone:	Fax:	Email:	
Bank Name:		Bank Phone:	
Bank Address:			
City:		Postcode	

Business/Trade references

Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

Agreement

- All invoices are to be paid on the 20th of the month following the date of the invoice.
- Any claims arising from invoices must be made within seven working days of receipt of invoice.
- By submitting this application, you authorise South Pacific Fasteners Ltd to make inquiries into the banking and business/trade references that you have supplied.

Signature:		Signature:	
Title:	Date:	Title:	Date: