

Application for Stamp Agency Ltd Account

Stamp Agency Ltd
PO Box 11685
Ellerslie, Auckland
Phone (09) 579 3159
Fax (09) 579 3165
stampagency@xtra.co.nz

Nature of Organisation:

Sole Trader Partnership Limited Company Trust Other _____

Legal/Company Name: _____

Trade/Shop Name: _____

DELIVERY Address: _____

POSTAL Address: _____

Telephone: _____ Fax: _____ Mobile: _____

E-Mail: _____ Date of Birth (if sole trader): _____

Previous Address Details (if less than 2 years): _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1993) I authorise any person or company to give information as may be required in response to credit inquiries. I have read and understand the TERMS AND CONDITIONS OF TRADE of Stamp Agency Ltd which are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: _____ Date: _____
(Proprietor/Partner/Director/Authorised Signatory) Circle One

Full Name: _____

Accountant: _____ Phone Number: _____

Solicitor: _____ Phone Number: _____

Details of Partners (if Partnership) or Details of Directors (if Limited Company)

1. Full Name: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

2. Full Name: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

LIMITED COMPANIES, Please complete the following.

PERSONAL GUARANTEE:

I/We _____ - the Guarantor/s acknowledge the I/We understand all the provisions and terms of this application & agree that in the consideration of (Stamp Agency Ltd) agreeing to supply the above applicant with goods from time to time, the Guarantor/s will pay all such moneys upon demand and shall be liable as a principal debtor in respect of all liabilities to (Stamp Agency Ltd).

FULL NAME OF GUARANTOR _____ SIGNATURE _____

FULL NAME OF GUARANTOR _____ SIGNATURE _____

FULL NAME OF WITNESS _____ SIGNATURE _____

DATE _____