



27 Ridgway Street, PO Box 336, Wanganui 4540
Phone (06) 349 2630 Fax (06) 345 3534, office@meteorprinters.co.nz

FULL TRADING NAME

ACCOUNT CODE (METEOR OFFICE USE ONLY)

REGISTERED COMPANY NAME

POSTAL ADDRESS

PARTNERSHIP/SOLE TRADER/TRUST NAME

DELIVERY ADDRESS

REGISTERED OFFICE STREET ADDRESS

TYPE OF BUSINESS

BUSINESS COMMENCED

PHONE: _____ FAX: _____

EMAIL: _____

MOBILE: _____

DIRECTORS PARTNERS OR TRUSTEES FULL NAMES

SURNAME	FIRST	MIDDLE
_____	_____	_____
SURNAME	FIRST	MIDDLE
_____	_____	_____

MANAGERS NAME

PRIVATE ADDRESSES

ACCOUNTS PAYABLE CONTACT

NAME: _____

PHONE: _____

CREDIT REFERENCES (YOUR MAJOR TRADING ACCOUNTS BY VALUE)

1 NAME: _____

PHONE: _____

2 NAME: _____

PHONE: _____

3 NAME: _____

PHONE: _____

BANK

BANK: _____ BRANCH: _____

SOLICITORS

ACCOUNTANTS

STATIONERY BUYER CONTACT

PRINTING BUYER CONTACT

YOUR ESTIMATED MONTHLY PURCHASES

STATIONERY \$: _____

PRINTING \$: _____

DECLARATION:

1. On behalf of (or as) the customer I have read and understand the Terms of Trade stated on both sides of this agreement and agree to abide by them.
2. Under the terms of the Privacy Act 1993, I authorise any person or company to provide you with such information as you may require in response to your credit enquiries. I also authorise you to furnish to any third party, details of this application and any subsequent dealings that the customer may have with you.
3. If any separate contract for the supply of goods has terms which are inconsistent with terms of this agreement the terms of the separate contract shall predominate over the terms of this agreement.

Signed: _____ Print Name: _____ Designation: _____

For and on behalf of: _____ Application Date: _____ 20__

If this form is faxed, I the signatory will forward the original signed copy to METEOR. I declare that I have the authority to enter this agreement on behalf of the customer.

