

Full name:

Business Registered sole trader Individual (Please tick one)

Registered name & NZBN.....
.....

Contact name:.....

Phone number.....

Email:.....

Contact for accounts (if different from above):.....
.....

Postal address:.....

Delivery address:.....

Please supply two trade references

Company:

Contact name:.....

Phone:.....

Company:

Contact name:.....

Phone:.....

I/WE HEREBY APPLY TO OPEN A TRADING ACCOUNT WITH WORKSHOP INDUSTRIES LIMITED.
I/WE CERTIFY THE ABOVE INFORMATION IS CORRECT.

I/WE AGREE TO PAY THE ACCOUNTS BY THE 20th MONTH FOLLOWING THE DATE OF THE
INVOICE. ALL GOODS REMAIN THE PROPERTY OF WORKSHOP INDUSTRIES LIMITED UNTIL
PAID IN FULL. ALL INVOICES & STATEMENTS WILL BE EMAILED UNLESS OTHERWISE ADVISED.
THE CUSTOMER AGREES TO PAY ALL COSTS ASSOCIATED WITH THE RECOVERY OF ANY
OUTSTANDING DEBT, INCLUDING BUT NOT LIMITED TO COLLECTION AGENCY FEES AND ANY
LEGAL FEES INCURRED.

A full list of terms and conditions can be found at www.workshopindustries.co.nz

SIGNED:

POSITION:

FULL NAME:

DATE:/...../...202.....