



PO BOX 2013
295 Heads Road, Wanganui
Phone 0800 808 369
Fax 0800 164 484

Application for Credit Account

TRADING NAME		TRADE REFERENCES: (Please list your major creditors)	
(ie. Shop Name)		1. Name:	
Company Name		Address:	
(ie. Legal Name)		Phone: Contact:	
POSTAL ADDRESS		2. Name: *	
(Suburb)		Address:	
	Postal Code	Phone: Contact:	
Delivery Details		3. Name:	
(Address)		Address:	
(Suburb)		Phone: Contact:	
CITY/TOWN		/I/we hereby apply for credit facility with Entell.	
PHONE:	Fax:		
Statement Email		1. The credit facility arrangements shall at all times be in accordance with Entell's terms & conditions of Trade (which are attached, and which may from time to time be varied by notice to you).	
BANK		2. We agree to pay all amounts owing on the 20th following month.	
Name of Bank:		3. We acknowledge that credit may be withdrawn at any time without prior notice in accordance with Entell's Terms & Conditions of sale.	
Address of Bank	Branch	4. We agree that any changes in respect of ownership, legal entity or additions will be notified to Entell within 7 days. Until notice is received /I/ we remain liable for payment of amount due under the credit facility.	
Phone:	Contact	5. That I am authorised to sign this credit application on behalf of the applicant and the information given is true and correct to the best of my knowledge.	
HISTORY			
Date Business Commenced			
Name of Accountant(s)		NAME: SIGNATURE:	
		POSITION: DATE:	
Do you own your own business premises? Yes No.	Tick		
TYPE OF EQUITY (TICK)		Entell Trading office use only	
Public Company	Trustee Company	Approved for credit by accountant:	
	Sole Trader	Mailing list details entered:	
Private Company	Partnership	Vendor Number details entered: Other:	
	Limited Liability		