Account Application Form

Please complete the details and FAX TO: (09) 272 8883
MAINSTREAM NEW ZEALAND LTD PO Box 58 961 Botany, Auckland 2163
Phone: (09) 272 8888   Fax: (09) 272 8883

Full Legal Business Name:

Trading As:

Postal Address: _____ Post Code:

Street Address:

Telephone: (0   )   Mobile: (0   )   Fax: (0   )

Accountant: Solicitor:

Nature of Business:

Expected Average Monthly Purchases: $

Type of Business (please circle):   **Limited Liability Company**   **Sole – Trader**   **Partnership**

Sales Contact:

Sales Contact email:

Warehouse Contact:

Accounts Payable Contact:

Accounts Payable Email:

Are you a CHEP User: Yes / No   If yes please supply your CHEP A/C#:

LIMITED LIABILITY COMPANY:

Paid Up Capital: $ _____   Date of Registration _____   Registration # _____

Directors:

SOLE TRADER OR PARTNERSHIP:

Owners Name(s):   (1)

                         (2)

Private Address(es):   (1)

                         (2)

Private Phone: (0   )   Date When Trading Commenced:

TRADE REFERENCES: (Preferably Related Industries)

   Name: _____   Phone: (0   )

   Name: _____   Phone: (0   )

   Name: _____   Phone: (0   )

I/We agree that Mainstream New Zealand Ltd (hereafter known as Mainstream) Terms of Trading are payment on the 20th of the month following invoice (as per conditions of contract stated on the reverse of our consignment notes), or unless prior arrangements have been made.
I/We also agree that Mainstream have the right to charge interest on all outstanding monies at a rate of Mainstream's overdraft interest rate plus 5% margin, and that any costs incurred in collection of the overdue account will be for our account.
I/We authorise any company to provide Mainstream with such information Mainstream may require as a result of our credit enquiries.
Further I/We authorise Mainstream to give any third party details of this application and any subsequent dealings that I/We have with Mainstream as a result of business relationship.

Signed: _____   Date:
            (Proprietor/Partner/Director)

Please Print Full Name:
For Office Use Only

            Account Number: _____   Date Credit Approved: _____

            Sales Rep: _____   Customer Service Rep: _____

            Category: FR8   CLA   AGE   Pick Up Driver: _____