P P D Limited PO Box 44 142 LOWER HUTT Phone (04) 566 6278 Fax 0800 114 773

Account Application

Business Type Sole Trader □	Partnership	Limited Company	п т	rust □	Other □	
Company Name:						
Trading Name:						
Postal Address:						
Telephone: ()		Fax: ()			Mobile: ()	
Estimated purchases	s \$	P/Month				
Registered Office:				E-Mail:		
Company Number:				Date of	f Birth (if sole tr	ader):
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 Bi	rth:		-
Contact Person for A	Accounts:					
Name and Branch of						
Bank Account Numb						
Solicitors Name and	• • • • • • • • • • • • • • • • • • • •					
Accountants Name and Address:						
Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)						
•	· ·	ardo, i doi Gappiiolo, E		Phone	,	
				Phone		
				Phone		
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 GENERAL TERMS AND CONDITIONS OF TRADE (overleaf) of P P D Limited which form part of and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.						
J	•					
Signed:(Proprietor / Partner	/ Director / Authoris	sed Signatory) Circle (Date: One			
Full Name: Guarantor Details Full Name:	s (if required):	osition:				
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