

SOUTHERN CUTTING TECHNOLOGY LIMITED

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Christchurch
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Christchurch

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CREDIT ACCOUNT APPLICATION

Company Trading Name:	
Registered Company Name:	
Postal Address:	
Delivery Address:	
Purchasing Contact:	
Accounts Payable Contact:	
Email Address for Invoices/Statements:	
Telephone Number:	

FULL NAME AND ADDRESS OF DIRECTORS/PARTNERS

1. Name:	Address:
2. Name:	Address:
3. Name:	Address:

BANK: _____ BRANCH: _____

ACCOUNTANT: _____ ADDRESS: _____

YEAR ESTABLISHED: _____ NUMBER OF EMPLOYEES: _____

TRADE REFERENCES:

1. Name:	Phone:
2. Name:	Phone:
3. Name:	Phone:

I/We authorise any person or company listed above to provide you with such information as you may require in response to your credit enquiries re this credit application.

I/We authorise that the above information is to the best of my/our knowledge true and complete and I/we agree to Southern Cutting Technology's Terms and Conditions of Sale, a copy of which is available upon request.

Signature:	Name:
Title:	Date:

OFFICE USE ONLY:

Credit Application Approved/Declined

Customer Account Number: _____ Credit Limit: _____ Date Set Up: _____