

Cartridge Refills

35 Woodgrove Ave, North Beach, Christchurch 8083.

Ph 03 382 5858, Fax 03 382 5856.

email accounts@cartridgerefills.co.nz

www.cartridgerefills.co.nz

Application for Credit Account

ACCOUNT NAME (Legal Name) _____

TRADING NAME (If different from above) _____

CREDIT LIMIT APPLIED FOR _____ PHONE _____

ADDRESS _____ FAX _____

EMAIL _____

NATURE OF BUSINESS _____ ESTABLISHED (date) _____

ENTITY (X) SOLE TRADER _____ PARTNERSHIP _____

PUBLIC COMPANY _____ PRIVATE COMPANY _____

DIRECTORS & PARTNERSHIPS (Please list full names and addresses)

1) _____

2) _____

3) _____

TRADE REFERENCES

1) _____ PHONE _____

2) _____ PHONE _____

3) _____ PHONE _____

BANK _____ BRANCH _____

I/We understand that your terms are within 20 days from date of Tax Invoice and I/We do hereby agree to the terms and conditions as shown in your website at www.cartridgerefills.co.nz

NAME OF APPLICANT (please print) SIGNATURE DATE

GUARANTEE; In consideration of Cartridge Refills at my/our request granting goods on Credit to

_____ (hereinafter called the "said Company")

I/We the undersigned being Director/s of the said Company, do hereby guarantee the payment of all monies owed by the said Company to Cartridge Refills. This guarantee shall be a continuing guarantee and shall not be effected by time or other indulgence that may be given by Cartridge Refills, nor by any other fact or circumstances

DATED THIS _____ DAY OF _____ 2003

DIRECTOR'S NAME & PHONE NUMBER

DIRECTOR'S SIGNATURE
