

Welding Engineers (NZ) Ltd 281 Church St, Onehunga Auckland 1061, New Zealand www.weldingengineers.co.nz

Credit Account Application Form

CUSTOMER DETAILS

FULL LEGAL NA	ME:				("the Customer")	
(Please tick)	Sole Trader	Individual	Partnership	Limited Company	Other	
If other, please state: Trading as:						
Postal address:	:					
Physical addres	ss:					
Nature of busir	ness:					
Telephone no:		Fax no:		Email:		
•		s Director/s name/s in	full.			
2:			Address:			
3:			Address:			
IF LIMITED LIAE	BILITY COMPANY (th	is application form mu	ust then be signed by	a director/s of the compar	ny):	
Address of Reg	istered Office:			Incorporation No:		
Name of Accou	ıntant:		Solicito	or:		
COMPANY CON	NTACTS:					
Purchasing Cor	ntact:	Ema	il:	DDI ()		
Accounts Conta		Ema	il:	DDI ()		
Company		ontact Name	Phone No.	Acco	ount open since	
Description of	Products and Service	es to be provided: Wel	ding and related eng	ineering equipment, parts	and consumables.	
I/We have read I/We acknowle	d and agree to be bo edge that pursuant to	und by the terms and	conditions of trade a tee contained in the	re authorized to make this s attached. terms and conditions of tra		
Signed			Signed	Signed		
Name (Print)			Name	Name (Print)		
Position			Positio	Position		
Date			Date	Date		