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CREDIT APPLICATION FORM

Please note that all credit accounts are to be paid by the 20th of the month following invoice date.

COMPANY TRADING NAME

STREET ADDRESS.....

POSTAL ADDRESS (if different)

.....

CONTACT NAME

POSITION IN COMPANY

PHONE

FAX

MOBILE

E-MAIL

CREDIT REFERENCES * excluding telephone and power companies

1. PHONE

2. PHONE

3. PHONE

We hereby authorise any company/person to provide information relevant to this credit application as may be required.

We agree to pay all invoices by the 20th of the month following invoice date.

DATE

SIGNED

Thank you for your credit application and for purchasing from Insinc Products. We appreciate your business!