



PO Box 377 Waikanae – Ph/Fax (04) 2988776 – office@compostingnz.co.nz
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name:

Company Name:

Phone:

Mob:

E-mail:

Address:

Post Code:

Postal Address:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Limited Company:

BUSINESS/TRADE REFERENCES

Company name:

Phone:

Type of account:

Company name:

Phone:

Type of account:

AGREEMENT

1. Payments of Accounts are due on the 20th of the month following invoice date.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Composting NZ Ltd. to make inquiries into the banking and business/trade references that you have supplied.
4. Invoiced product remains the property of Composting New Zealand Ltd until paid in full.
5. I/we certify that the information supplied is correct, that the above terms and conditions are accepted and I/we are authorized to sign this application form on behalf of the applicant.

SIGNATURES

Title:

Date:

Title:

Date: