

ACCOUNT APPLICATION FORM

Registered name: _____ ("the Applicant")
 (Please select) Sole trader Ltd Company Partnership
 Govt Funded Educational Institute Other _____

Trading Name: _____
 Postal Address: _____ Postcode: _____
 Physical Address: _____ Postcode: _____
 Telephone: _____ Fax: _____ Mobile: _____
 Accounts Contact Name: _____ Telephone: _____
 Accounts Email Address: _____

Please indicate if you would prefer to receive Invoices and Statements by post or by email: Post Email:
 (Note: all invoices and statements will be automatically sent to the nominated email address above)

Purchase Order Required: Yes No Business Activity: _____

Ownership: Please insert owner/s directors name in full

1. _____ Address: _____ Date of birth: _____
2. _____ Address: _____ Date of birth: _____

Personal Guarantee: From a Partner, Sole Trader or a Company Director.

I, _____, (Print Name) of _____
 _____ (Address) _____ (Occupation)

in consideration of you granting a credit account to the Applicant, HEREBY GUARANTEE, as a principal debtor, with all my present and future assets, the prompt payment of all monies payable to the Applicant to you.

Signature: _____ Date: _____
 Witness Name: _____ Occupation: _____
 Witness Address: _____ Witness Signature: _____
 Date: _____

Acceptance of Terms and Conditions of Trade

I hereby apply to open a credit account with **Vertical Horizonz New Zealand**. I have read and fully understand **Vertical Horizonz New Zealand's** terms and conditions of trade (see over) and agree to abide by them.

Name of person signing the application: _____
 Position held: _____
 Signature: _____ (authorised signatory only) Date: _____

Please complete and return to:

Vertical Horizonz New Zealand, PO Box 15030, Tauranga 3144
 or Fax 0800 72 33 85
 or Email accounts@verticalhorizonz.co.nz