

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:
Phone:	Fax:	Mobile:	
Accounts Contact Name:		Phone:	
Accounts Email:			

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. Date of Birth:	Address:
2. Date of Birth:	Address:

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 Signature:	Date:
Witness Address:	

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: _____ 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