



# Application to Open Credit Account

**MARKETING CHEMICALS LTD**  
Ph (09) 634 3862 Fax (09) 634 3864  
P O Box 13881, Onehunga, Auckland  
Email: [office@mchem.co.nz](mailto:office@mchem.co.nz)  
[www.mchem.co.nz](http://www.mchem.co.nz)

**Company Structure:**

Sole Trader  Limited Company  Partnership  Trust  Other \_\_\_\_\_

Trading Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Registered Office: \_\_\_\_\_ Email: \_\_\_\_\_

Company Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Address Details (if less than 2 years) \_\_\_\_\_

Contact Person for Accounts: \_\_\_\_\_

Name and Branch of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Solicitor's Name and Address: \_\_\_\_\_

Accountant's Name and Address: \_\_\_\_\_

Trade References: *(excluding Fuel Suppliers, Credit Cards, Landlord, Power of Phone Companies)*

- 1. \_\_\_\_\_ Phone No.: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone No.: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone No.: \_\_\_\_\_

Details of Partners (if Partnership)	Details of Directors (if Limited Company)
1. Full Name: _____	1. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
2. Full Name: _____	2. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____

**PRIVACY WAIVER**

I certify that the above information is both true and correct and that I am authroised to make this application for credit. In accordance with the Privacy Act (1993) I authorise any person or company to give information that may be required in response to credit inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE Marketing Chemicals Ltd which form part of, and are intended to read in conjunction with the Credit Application and agree to be bound by these conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Proprietor / Partner / Director / Authorised Signatory (Please circle one)

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Witness:**

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_