

STONECOLD DISTRIBUTORS LTD

PO Box 51 035
TAWA
WELLINGTON

2 Dragon St.
Grenada North
TAWA

Phone (04) 232 3036
Fax (04) 232 3106

CONFIDENTIAL
APPLICATION TO OPEN CREDIT ACCOUNT

FULL LEGAL NAME _____

TRADING NAME: _____

DELIVERY ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE _____ FAX: _____

NAME OF CONTACT PERSON RE: ACCOUNTS _____

TELEPHONE: _____ FAX: _____

MOBILE: _____ E-MAIL: _____

FULL NAMES OF OWNERS, PARTNERS, DIRECTORS.

FIRST NAMES	SURNAME	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDRESS OF REGISTERED OFFICE _____

TYPE OF BUSINESS: _____

YEAR ESTABLISHED: _____ No. OF STAFF _____

BUSINESS REFERENCES (Major suppliers preferred)

NAME OF CONTACT: 1. _____
2. _____
3. _____

We acknowledge that accounts due for payment by 7 days following delivery, or by arrangement.
We reserve the right to charge debt collection costs and or interest on any unpaid amounts.

DATE _____ SIGNATURE _____