



ACCOUNT APPLICATION FORM

Please return to accounts@autotest.co.nz

TRADING NAME: _____

REGISTERED NAME: _____

POSTAL ADDRESS: _____

CONTACT NUMBERS: OFFICE: _____ MOBILE: _____

NATURE OF BUSINESS: _____

DATE OF ESTABLISHMENT: _____

TYPE OF BUSINESS: Private Trust Incorporated society
 Public unlisted Public listed Public authority
 Partnership Sole trader

FULL NAMES OF PARTNERS: _____

REGISTERED OFFICE ADDRESS: _____

TRADE REFERENCES:

COMPANY	CONTACT NAME	PHONE NUMBER

Note: Trade references should not be credit card companies, utility providers or landlords.

PURCHASING CONTACT DETAILS

NAME: _____

POSITION: _____

EMAIL: _____

ADDRESS FOR DELIVERY: _____

ACCOUNTS CONTACT: NAME: _____ PHONE: _____

EMAIL FOR INVOICES: _____

ACCEPTANCE OF TERMS OF TRADE

By completing this account application, I/We agree to Autotest Servicing NZ Limited's Terms of Trade as attached.

NAME: _____ SIGNATURE: _____ DATE: _____