

# CITY LOCKSMITHS LTD

309 Broadway, Newmarket, Auckland, NEW ZEALAND  
PO Box 9873, Newmarket, Auckland, NEW ZEALAND  
Phone 64 9 524 0718 Fax 64 9 524 3010

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## APPLICATION FOR CREDIT ACCOUNT & ACCEPTANCE OF TERMS & CONDITIONS OF SALE

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Date: \_\_\_\_\_

Trading Title: \_\_\_\_\_

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

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

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Accept Invoice/Statement by email

Names & Addresses  
of PRINCIPALS, 1. \_\_\_\_\_

PARTNERS or 2. \_\_\_\_\_

SHAREHOLDERS 3. \_\_\_\_\_  
in full

Address of Registered Office: \_\_\_\_\_

Solicitor: \_\_\_\_\_ Accountant: \_\_\_\_\_  
Name \_\_\_\_\_ Name: \_\_\_\_\_

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

CAPITAL: Authorised: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Nature of Business: \_\_\_\_\_ Time Established: \_\_\_\_\_

Trade References: 1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understood the conditions of sale as attached and I accept same.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Office Use

|              |  |  |             |  |
|--------------|--|--|-------------|--|
| Date         |  |  | Account No. |  |
| Credit Check |  |  |             |  |
| Approved     |  |  | P.L.        |  |
|              |  |  |             |  |