

Application For Credit Account

Lighting Direct Ltd
PO Box 76 257
Manukau City
AUCKLAND
Phone (09) 273 3444
Fax (09) 273 3993

Lighting Direct Branch: _____

Nature of Organisation: _____

Sole Trader Partnership Limited Company Trust Other _____

Trade Name: _____

Legal Name: _____

Delivery Address: _____

Postal Address: _____

Telephone: () _____ Fax: () _____ Mobile: () _____

Registered Office: _____ E-Mail: _____

Company Number: _____ Date Of Birth (if sole trader): _____

Previous Address Details (if less than 2 years): _____

Identification Type: _____ Identification Number: _____

Details of Partners (if Partnership)

1. Full Name: _____

Home Address: _____

Home Phone: _____

2. Full Name: _____

Home Address: _____

Home Phone: _____

Details of Directors (if Limited Company)

1. Full Name: _____

Home Address: _____

Home Phone: _____

2. Full Name: _____

Home Address: _____

Home Phone: _____

Contact Person for Accounts: _____

Expected Monthly Purchases: _____

Name and Branch of Bank: _____

Bank Account Number: _____

Solicitors Name and Address: _____

Accountants Name and Address: _____

Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

1. _____ Phone No: _____

2. _____ Phone No: _____

3. _____ Phone No: _____

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

Signed: _____ Date: _____

(Proprietor / Partner / Director / Authorised Signatory) Circle One

Full Name: _____ Position: _____

Guarantor Details (if required):

Full Name: _____ Occupation: _____

Address: _____ Signature: _____