

Customer Credit Application

Business contact information				
Company name:				
Contact:	Phone:	E-mail:		
Company Address:				
Suburb:		City:	Postcode:	
In business since:				
Sole trader:	Partnership: 🗖	Limited liability: $lacksquare$	Other: 🗖	
Business and credit information				
Postal address:				
Suburb:		City:	Postcode:	
Telephone:		Accounts E-mail:		
Director/s name:				
Directors Address:		Phone:		
Suburb:		City:	Postcode:	
Business/trade refer	ences (Minimum of 3)		
Company name:		Company name:		
Contact name:		Contact name:		
Address:		Address:		
City:	Postcode:	City:	Postcode:	
Phone:		Phone:		
E-mail:		E-mail:		
Company name:		Company name:		
Contact name:		Contact name:		
Address:		Address:		
City:	Postcode:	City:	Postcode:	
Phone:		Phone:		
E-mail:		E-mail:		
Agreement				

- 1. All invoices are to be paid on the 20^{th} of the month following the date of the invoice.
- 2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
- 3. By submitting this application, you authorise Prestige Garage Doors Ltd to make inquiries into the banking and business/trade references that you have supplied.
- 4. Submission of this application agrees to all Terms & Conditions. These are subject to change but will be available at all times <u>https://prestigedoors.co.nz/architectural/</u>

Signatures		
Title:	Title:	
Date:	Date:	