

Customer Application Form



Customer Details

Company name (Legal entity)/ Individual name *	
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Company address * (physical)	Post code :
Postal address * (NZ Post compliant address)	Post code :
Telephone number *	
Mobile number *	
Fax number	
Email address for invoices and statements *	

Name *		Position *	
Signature *		Date *	

I, the above named, declare I have the delegated responsibility of the organisation

* Mandatory please complete and return