

# Quality Tools NZ Ltd

Po Box 927, Palmerston North  
Tele: (0800) 778 6657. Email: sales@qualitytools.co.nz

## ACCOUNT APPLICATION FORM

### ENTITY DETAILS:

APPLICANT'S FULL LEGAL NAME (i.e. not trading name): ..... ("the Customer")

(Please tick) Sole Trader  Individual  Partnership  Ltd Company  Other (please state): .....

Trading as: ..... Postal Address: .....

Physical Address: ..... Email: .....

Nature of Business: ..... Years in Business: .....

Telephone: ..... Fax: .....

Contact Name & Position: .....

### OWNERSHIP please insert Owner(s) / Directors Name(s) in full

1: ..... Address: .....

2: ..... Address: .....

IF LIMITED LIABILITY COMPANY - Address of Registered Office: .....

Date of Incorporation: ..... Incorporation No: .....

### FINANCIAL & PROFESSIONAL ADVISORS

Shareholders Funds: ..... Paid Up: .....

Name of Accountant: ..... Solicitor: .....

Bank: ..... Branch: ..... Acct No: .....

### TRADE REFERENCES

Company	Contact Name	Phone Number	Account open since

General Description of Goods/Products/Services to be Provided: .....

.....

I/We have read and agree to be bound by the terms and conditions of trade as printed overleaf or attached. I/We warrant to Quality Tools NZ Limited that the above information is to the best of my/our knowledge, information and belief true and correct and that I/we am/are duly authorised to enter into this application and future contracts on behalf of the Customer. I/we also acknowledge that pursuant to the personal guarantee contained in the terms and conditions of trade that, where relevant, I/we am/are also signing this application form in my/our personal capacity.

**If the applicant is a company then this application form must be signed by a director of the company.**

Signed ..... Print Name ..... Designation .....

Dated this ..... day of ..... 20.....