

Beveridge

Locksmith Services Ltd

ACCOUNT CODE:

(Office Use Only)

ACCOUNT APPLICATION FORM

New Customer Account Update

DETAILS TO APPEAR ON INVOICE (Please print clearly in the spaces provided)

Company Name: _____
 Postal Address: _____

 Physical Address: _____

Contact: _____
 Title: _____
 Phone: _____
 Fax: _____
 Cell-phone: _____
 E-mail: _____

ORDERS PLACED ON THIS ACCOUNT MUST HAVE:

- A Purchase Order No -
- Name/Other is acceptable
- Name/Other is not acceptable

Accounts Contact: _____
 Phone: _____
 Fax: _____
 Company Accountants: _____
 Company Solicitors: _____
 Name of Bank: _____
 Name of Director (1) _____
 Home Address: _____

 Telephone/Mobile: _____
 Name of Director (2) _____
 Home Address: _____

 Telephone/Mobile: _____

Trade References:

1) _____ Phone () _____
 2) _____ Phone () _____
 3) _____ Phone () _____

I/WE HEREBY APPLY to open a Monthly Credit Account and offer to purchase goods & services upon the terms set forth in this application & conditions of sale confirm that all the information supplied on this form is true & correct.
 I/WE FURTHER AGREE that the terms of trade are strictly settlement on or before the 20th of the month & that Beveridge Locksmith Services will be entitled to charge at the rate of 18% per annum (1.5% per month) on all amounts that have not been paid in full by the 20th of the month.

Dated this _____ day of _____ 20_____ Signed: _____
 Witness: _____
 Signed: _____ Address: _____
 (manager/accountant) Occupation: _____

131 Queens Drive
 Lower Hutt

Po Box 38441
 Wellington Mail Centre

Phone: 0800 566 1111
 Fax: 04 566 1166
 Accounts Fax: 04 566 1167