

5c Collard Place Henderson Ph 0800 990069 info@watertowaste.co.nz www.watertowaste.co.nz



Water to Waste Plumbing Services Ltd and/or Water to Waste Group of Companies

## **Credit Application**

Account Name:		
Organisation Type:		
Sole Trader Partnership Trust Limited Company Individual		
Trade Name:		
Legal Name:		
Postal Address:		
Physical Address:		
Registered Office:		
Company Number (NZBN):		
Bank Name & Branch:		
Bank Account Number:		
Contact person for accounts:		
Telephone: Mobile:		
Email:		
Solicitor's Name & Address:		
Accountant's Name & Address:		
Credit References (3 Required):		
1: Name:Company:		
Cell:		
2: Name:Company:		
Cell:		
3: Name:Company:		
Cell:		

Directors / Trustees / General Partners		
1:	Name:	
	Address:	
2:	Name:	
	Address:	
3:	Name:	
	Address:	
Estir	mated Credit Amount Required Per Month \$	
<u>Acceptance</u>		
I certify that the above information is true and correct, and understand 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 enquires.  I have read and understand the General Terms and Conditions of Trade of Water to Waste Plumbing Services and/or Water to Waste Group of Companies (Attached or provided separately) and agree to abde by these conditions, which form part of, and are intended to be read in conjunction with this Credit Application and agree to abide by these conditions.  Signed:  Title:  Full Name:  Date of Birth:		
Office Notes (Confidential)		
	roved by Water to Waste:	
(Nar	me):Date:	