



SOUTH PORT NEW ZEALAND LIMITED

CREDIT APPLICATION

Company Name:		Business Activity:	
Business Address:			
Postal Address:			Post Code:
Phone:		Fax:	
Business Status: Limited Liability Company / Sole Proprietor / Partnership / Trading Trust / Other			
GST No:	Paid up Capital:	Date Commenced:	
Applicant's Banking Details:		Branch:	Phone:
.....			
.....			
.....			
Credit Required: \$			
A/C Payable Contact Name:			
TRADE REFERENCES please provide names and telephone numbers of main suppliers from whom references can be obtained			
1.....	Phone No	
2.....	Phone No	
3.....	Phone No	
I/We accept your conditions that payment is due by the 20th of the month following invoice date. All activities and charges are subject to our standard terms & conditions, a copy of which can be located at http://www.southport.co.nz			
Date of Application:		Authorised Company Signatory:	
Signatory Title:		Signatory Name:	
<p>South Port New Zealand Limited Island Harbour, P O Box 1, Bluff 9842, Southland, New Zealand Telephone: +64 3 212 8159 Fax: +64 3 212 8685</p>			