

ACCOUNT APPLICATION FORM

Company Name: _____

Trading As: _____

Postal Address: _____

Postal Code: _____

Delivery Address: _____

Postal Code: _____

Alternative Delivery Address: _____

Email Address: _____

Website: _____

Telephone Number: _____ Fax Number: _____

Contact Name: _____ Title: (Dr, Mr, Mrs, Ms, Miss) _____

Position: _____

Contact Phone No: _____ Mobile Number: _____

Contact Email: _____

Nature of Business: _____

Telephone: (09) 570 3322 | Facsimile: (09) 570 3321
Freephone: 0508 654 258 | Email: customerservice@remsystems.co.nz

POSTAL ADDRESS: PO Box 90147, Victoria Street West, Auckland 1142, New Zealand
PHYSICAL ADDRESS: 69 Elizabeth Knox Place, Saint Johns, Auckland 1072, New Zealand

www.remsystems.co.nz

Accts Payable Contact: _____ Title: (Dr, Mr,Mrs,Ms,Miss) _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Preferred Payment Option: ☐ Cheque/Direct Credit

Years Established: _____ Paid up Capital: _____

Trading Bank: _____ Branch: _____

THREE TRADE REFERENCES

	NAME	ADDRESS	TELEPHONE:
1			
2			
3			

I have read the Standard Terms & Conditions of Sale and agree to abide by them.

Customer Signature: _____

Date: _____

Customer Name: _____

For Office Use Only:

Prospect: _____

Customer Group: _____

Customer Sales Group _____

Price Group: _____

Destination Code: _____

Credit Control Group _____