WHITE PINE LTD – CLEANFILL CREDIT APPLICATION

("Applicant")

LEGAL NAME OF BUSINESS _____

TRADING AS _____

POSTAL ADDRESS PHYSICAL ADDRESS

_____ _____

_____ _____

_____ _____

PHONE ( ) _____ MOBILE ( ) _____

EMAIL (general cleanfill information) _____

NATURE OF BUSINESS _____

DIRECTOR _____

MANAGER _____

TRANSPORT MANAGER _____

TYPE OF BUSINESS Sole Trader Partnership Limited Company Other

COMPANY NUMBER _____ GST NUMBER _____

ACCOUNTS PAYABLE CONTACT _____

EMAIL ADDRESS FOR INVOICES _____

BANK NAME & BRANCH _____

ACCOUNTANTS NAME _____ PH ( ) _____

TRADE REFERENCES (must be for suppliers of goods)

COMPANY NAME ADDRESS PHONE

1. _____

2. _____

3. _____

I/We irrevocably authorize any person or company to provide White Pine Ltd with such information as they may require in response to all credit enquiries.

I/We certify that the foregoing information is correct to the best of my/our knowledge and that I/we have read, understood and agree to abide by the White Pine Ltd Terms and Conditions of Sale and that in signing this credit application I/ we are signing the Terms and Conditions of sale.

I/We agree that such Terms and Conditions will govern every contract I/we enter into with White Pine Ltd for the purchase of goods or the supply of services.

I/We certify that I/we am/are authorized to sign on behalf of the "Applicant"

AUTHORISED SIGNATURE _____ DATE_____

NAME _____

TITLE _____

Please email completed form to: accounts@elementimf.co.nz