

CUSTOMER APPLICATION FORM

OFFICE USE: Tmk Cust # _____ Date / /20
 Customer Account Confirmed Contacted Date / /20

Date: / / Number of Years in Business: _____
 Company Trading Name: _____
 Company Legal Name: _____

Managers Name: _____
 Company Contact: _____ Position: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____ Mob Number: _____

Company Structure:	
Limited Company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Sole Trader	<input type="checkbox"/>
Trust	<input type="checkbox"/>

How Did You Find Us: _____

Would you prefer your **Tax Invoices** emailed or posted . Email address: _____
 Would you prefer your **Statements** emailed or posted . Email address: _____

Postal Address: _____ Post Code _____

Delivery Address: _____ Post Code _____

Details of One Company Director

Directors Full Name: _____
 Directors Home Address: _____

Credit References Please:

1. _____ Ph: _____
 2. _____ Ph: _____
 3. _____ Ph: _____

I Certify that the above information is true and correct and that I am authorised by the applicant to make this credit application. And In accordance with the privacy Act (1993) I authorise any personal or company information to be given to TMK Packers Ltd or their representative regarding this credit application

Authorised Applicant Signature: _____ **Date:** _____
 Position: _____

Terms: All Invoices are due 20th of the following month after purchase. Any collection costs and/or legal fees will be incurred by the debtor.

Payment Details:

ANZ PUKEKOHE 010403 0120971 00 Please quote your Customer Account No. As a reference

We hope you will be impressed with our service. We are always pleased to help. If you have any queries please contact us. If you have any problems at any time please contact me personally.

