Condor New Zealand Limited
Postal Address: PO Box 39432, WELLINGTON MAIL CENTRE 5045
Physical Address: 24-26 Downer Street, Hutt Central, LOWER HUTT 5010
Phone: 0800 115 478
Email: accounts@condorcivil.co.nz
Web: www.condorcivil.co.nz
GST No: 130-817-637

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms of Trade overleaf or attached.

Your Details:		
Full or Legal Name:		
Trading Name: *(If different from above)*		
Physical Address:		Postcode:
Email Address:		
Phone No:	Mobile No:	

Personal Details: *(please complete if you are an Individual)*		
D.O.B.	Driver's Licence No:	Version:

Business Details: *(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)*		
Company Number/NZBN:	Length of time in business:	
Credit Limit Required: $0.00		
Directors / Owners / Trustee *(if more than two, please attach a separate sheet)*		
(1) Full Name:	D.O.B.	
Address:		Postcode:
Driver's Licence No:	Version:	
Phone No:	Mobile No:	
(2) Full Name:	D.O.B.	
Address:		Postcode:
Driver's Licence No:	Version:	
Phone No:	Mobile No:	

Account Details:					
Billing Address:					Postcode:
Purchase Order Required?	☐ YES	☐ NO	Accounts to be emailed?	☐ YES	☐ NO
Accounts Email Address: *(if different to above)*					
Accounts Contact:			Phone No:		

Trade References: *(please provide companies that are willing to do trade references)*

Name:	Address:	Phone / Email:
1.		
2.		
3.		

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS OF TRADE (overleaf or attached) of Condor New Zealand Limited which form part of and are intended to be read in conjunction with this Credit Account Application and agree to be bound by those terms. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

*****(We shall indicate type of services that you are requesting by ticking one or more of the tick boxes below.)*****

YOUR SIGNATURE: _____ OUR SIGNATURE: _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____

☐ Products and Services ☐ Hire of Equipment

OFFICE USE ONLY			
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATE
	$ 0.00		

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