



Creative Collections Limited

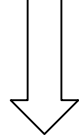
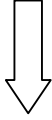
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CREDIT APPLICATION - CUSTOMER INFORMATION FORM

(Compulsory Please)



Full name of company: _____

Business or trading name: _____

Address of business: _____

**Postal address:
(Including postal code)** _____

Mobile No: (02) _____

Telephone no: (0) _____

Fax no: (0) _____

Email Address: _____

Website Address: WWW. _____

Type of business: (please circle as appropriate)

Company Partnership Sole operator Other
Gift shop Souvenirs Jeweler Pharmacy Florist Other

Managing or principal director: _____

Company secretary: _____

Shareholders: _____

Partnership:

Name of partnership: _____

Date of commencement of partnership: _____

Full names of partners: _____

(Compulsory - Without a current contact residential address for the Authorised Signatory this application will be declined).



Managing or Principal partner: _____

Residential address of _____

Managing partner: _____

_____ **Residential Ph :** _____

Sole operator: _____

Full name of operator: _____

Residential address: _____

Other: _____

(Provide details) _____

Number of years of trading: _____

Names of other persons who may be contacted:

General Manager: _____

Sales Manager: _____

Bankers: _____

Chartered Accountants: _____

Other: _____

Credit references who may be contacted: (please list three credit references & numbers)

1. Co: _____ Name: _____ Phone: _____

2. Co: _____ Name: _____ Phone: _____

3. Co: _____ Name: _____ Phone: _____

Authorisation is given by the customer to make such enquiries as may be considered appropriate for the purposes of assessing the suitability or acceptance of the customer's trading and credit standing including enquiries to the bankers and accountants of the customer.

Name & Position of Owner/ Director completing this form: _____

(Please Print Name)

(Please Print Position)

Signature of Owner/Director Completing this form:

I AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THE GENERAL TERMS AND CONDITIONS OF CONTRACT OF CREATIVE COLLECTIONS LIMITED

Date of completion of this form: _____

Should any areas of this Credit Application Form including Residential Addresses for the requested relevant parties not be included along with after hours phone numbers this application for credit will be denied.

Thank you, Accounts Department