

TRADE TOOLS

CUTTING & HAND TOOL SOLUTIONS

Trade Tools Limited
 (referred to as "the Company")
 23 Olive Road, Penrose
 PO Box 112114, Penrose
 Auckland 1642, New Zealand
 Phone ☎ 09 525 8880 Fax 📠 09 525 3524
 www.tradetools.co.nz

Office use only	
Cust No	
Cust Group	
Territory	
Sales Rep	
Discount	

ACCOUNT APPLICATION

APPLICANT'S FULL LEGAL NAME : ("the Customer")

Sole Trader Individual Partnership Ltd Company Other (please state):.....

Trading as: Postal Address:

..... Post Code:

Physical Address: Email:

Nature of Business: Years in Business:

Telephone: Fax: Date of Birth:

Contact Name & Position:

Would you like registration to TTL Website Y / N (please circle) If Yes Password

(Must also provide email address above)

OWNERSHIP please insert Owner(s) / Directors Name(s) in full

1: Address:

2: Address:

IF LIMITED LIABILITY COMPANY – Address of Registered Office:

Date of Incorporation: Incorporation No:

FINANCIAL & PROFESSIONAL ADVISORS

Accountant: Solicitor:

Bank: Branch: Acct No:

TRADE REFERENCES

Company	Contact Name	Phone Number	Account open since

I/We have read and agree to be bound by the terms and conditions of trade as printed overleaf or attached. I/We warrant to Trade Tools Limited that the above information is to the best of my/our knowledge believed to be true and correct and that I/we am/are duly authorised to enter into this application on behalf of the Customer.

I/We also acknowledge that pursuant to the **personal guarantee** contained in the Terms and Conditions of Trade that, where relevant, I/we am/are also signing this application form in my/our personal capacity.

If the applicant is a company then this application form must be signed by a director of the company.

Signed Print Name Designation

Dated this day of20.....