Aotearoa Rental Enterprises Ltd T/A
Appliance Rentals
PO Box 515
WELLINGTON
Ph (04) 472 6276
Fax (04) 479 9284

## **Application For Credit Account**

Nature of Organisation: Sole Trader □ Partnership □ Limited Comp	any □ Trust □ Other □
Trade Name:	
Legal Name:	
Postal Address:	
Telephone: ( ) Fax: ( )	
Registered Office:	
Company Number:	
Previous Address Details (If less than 2 years):	
Identification Type:	
Details of Partners (if Partnership)	Details of Directors (If Limited Company)
1. Full Name:	1. Full Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
2. Full Name:	<b>2.</b> Full Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Contact Person for Accounts:	_
Name and Branch of Bank:	
Bank Account Number:	
Solicitors Name and Address:	
Accountants Name and Address:	
Trade References: (excluding Credit Cards, Fu	uel Suppliers, Landlord, Power & Phone)
1	Phone No:
2	Phone No:
3	Phone No:
Privacy Act (1993) I authorise any person or company to give info	m authorised to make this application for credit. In accordance with the rmation as may be required in response to credit Inquiries. I have read RE (overleaf) of Aotearoa Rental Enterprises Ltd T/A Appliance Rentals his Credit Application and agree to be bound by these conditions.
Signed:	Date:
(Proprietor / Partner / Director / Authorised Signatory) Circle One	
Full Name:	Position:
Guarantor Details (if required): Full Name:	
Tali Name.	Occupation: