



Credit Application for a Business Account

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Website:	Email:	
Registered company address:			
City:		Post Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**YOUR INFORMATION**

Name:	
Address:	
City:	Post Code:
How long at current address?	
Telephone:	E-mail:

**BUSINESS/TRADE REFERENCE**

Company Name:	Address:	Phone/Email
Company Name:	Address:	Phone/Email

1. All invoices are to be paid 20 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize The Print Centre to make inquiries into the business/trade references that you have supplied.

Signature: \_\_\_\_\_ Date signed:

Send the completed form to our email address [info@printcentre.co.nz](mailto:info@printcentre.co.nz) or print it out and hand it in in-store