## **APPLICATION FOR CREDIT**

## Section 1 - Applicant's details

Business Name:				CHAMPION			
Trading Name:				CONTAINERS			
rrauling Name.				Please fax, post or scan and email your application for			
Business Status:				credit to Champion Containers:			
Company				Fax: +64 3 378 0563			
Sole Trader Other (please specify)				Email: hq@championcontainersnz.com Postal: PO Box 2436 Christchurch Mail Centre, NZ 8140			
Business Registration Number: Date Established:				For further assistance, please call 0800 242 674 or visit			
				www.champion	containers	nz.com	
Nature of Business:						No. of Employees:	
Postal Address:							
		Po			code		
Physical Address:							
						code	
Telephone (main office line): Facs	imile:			Estimated Monthly Spend:			
Contact Name:				Position Title:			
Contact Name.				i ostion rue.			
Email Address:				DDI Telephone:			
Section 2 - Directors'/Proprietors' details							
Full Name:	Address:				Date of Birth:		
Full Name:		Address:				Date of Birth:	
Section 3 - Trade/business references (3 major	suppliers	)					
Organisation Name: Contact Name:					Telephone:		
Organisation Name:	Contact Name:			Telephone:			
			Telephone:				
Organisation Name:	Contact Name:						
Section 4 - Credit declaration							
<ol> <li>I/We apply for a credit account with Champion Cont.</li> <li>I/We acknowledge completion of this application do</li> </ol>		stitute an offer of credit by Ch	namnic	on Containers, whi	h may he re	jected for any reason	
3. I/We confirm all information provided in this applic							
information set out in this application.  4. I/We understand and agree to Champion Contain	ners' term	s of trade (see www.chamr	nionco	ntainersnz com/t	erms) which	are intended to be read in	
conjunction with this application for credit.	icis terrii.	or trade (see www.enamp	JIOTICO	intamer snz.com/ t	ciiiis) willei	rare interface to be read in	
<ol><li>I/We understand Champion Containers will collect a Containers may contact references provided and/or</li></ol>							
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Name of Signatory:	Signatur	e:					
Position Title:						Date:	
Name of Signatory:	Signatu	re·					
redire of signatory.	Jigi latul	С.					
Position Title:						Date:	