

APPLICATION FOR CREDIT



Section 1 - Applicant's details

Business Name:

Trading Name:

Business Status:
 Company Partnership
 Sole Trader Other (please specify)

Business Registration Number: Date Established:

Nature of Business: No. of Employees:

Postal Address:

 Postcode

Physical Address:

 Postcode

Telephone (main office line): Facsimile: Estimated Monthly Spend:

Contact Name: Position Title:

Email Address: DDI Telephone:

Please fax, post or scan and email your application for credit to Champion Containers:

Fax: +64 3 378 0563

Email: hq@championcontainersnz.com

Postal: PO Box 2436 Christchurch Mail Centre, NZ 8140

For further assistance, please call 0800 242 674 or visit www.championcontainersnz.com

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:

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Organisation Name: Contact Name: Telephone:

Section 4 - Credit declaration

- I/We apply for a credit account with Champion Containers.
- I/We acknowledge completion of this application does not constitute an offer of credit by Champion Containers, which may be rejected for any reason.
- I/We confirm all information provided in this application is true and correct. I/We will notify Champion Containers immediately if there is any change to any information set out in this application.
- I/We understand and agree to Champion Containers' terms of trade (see www.championcontainersnz.com/terms) which are intended to be read in conjunction with this application for credit.
- I/We understand Champion Containers will collect and use the information set out in this application for the purposes of completing a credit check. Champion Containers may contact references provided and/or exchange this information with a credit reporting agency to access credit worthiness.

Name of Signatory: Signature: Date:

Position Title:

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Position Title: