

n3 Business Buying Power (formerly GSB) Application Form



NEW CUSTOMER FORM

Level 2, 210 Khyber Pass Road, Auckland
Private Bag 93222
Parnell, Auckland
Ph: 09 307 5858
0800 469 6245
Fax: 09 307 2300
Email: info@nzmail.co.nz

CUSTOMER INFORMATION

Business Name:					
Contact Name:		Position:			
Accounts Payable:		DDI:			
Postal Address:					
Physical Address:					
Telephone:		Facsimile:		Mobile:	
Email Address:		Web Address:			

BUSINESS ACTIVITY

I/We agree to:

- To abide by the Payment Terms Offered to me/us and to conduct my/our account strictly by these Terms.
- To be bound by New Zealand Mail Limited's Standard Terms and Conditions.

Signed By:		Date	
Print Name:		Position:	

CREDIT REFERENCES (MINIMUM OF 3)

COMPANY	NAME	CONTACT NUMBER

NB: Do not include Utilities (e.g. Telecom, Power Company) as references

Please fill out all Relevant fields and Return to New Zealand Mail Limited via fax or mail

NEW ZEALAND MAIL USE ONLY

CUSTOMER NUMBER

ACCOUNT MANAGER

PAYMENT TERMS

20th of Month Following

MEANS OF PAYMENT

<input type="checkbox"/> DIRECT CREDIT	<input type="checkbox"/> DIRECT DEBIT	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CREDIT CARD
EXPECTED MONTHLY SPEND	\$	CREDIT LIMIT SOUGHT	\$
CHECKED BY			DATE
APPROVED BY			