



Bill Webb Feed Solutions Limited
 7 Wilson Road North RD9 TE PUKE 3189
 Ph: (07) 533 1922 Fax: (07) 533 1921
 Website: www.billwebb.co.nz



CREDIT ACCOUNT APPLICATION

GST No: 75-417-837

Legal/Full Name/s: <small>(the Buyer – Business Name/Owner/Consumer)</small>		
Trading Name: <small>(if Business)</small>		
ID Number & Type:	ID Number & Type:	
Physical Address: <small>(To include Postal Code)</small>	Postal Address: <small>(To include Postal Code)</small>	
Ph:	Fax:	Mob:
Email:	GST No: <small>(if Business)</small>	
Requested Limit \$	Years in business: <small>(if Business)</small>	Net Worth (\$1,000's) \$ <small>(if Business)</small>

Director/Partner/Trustee Details					
1/ Full Name:			DOB		
Physical Address: <small>(To include Postal Code)</small>		Postal Address: <small>(To include Postal Code)</small>			
2/ Full Name:			DOB		
Physical Address: <small>(To include Postal Code)</small>		Postal Address: <small>(To include Postal Code)</small>			

Trade/Account References	
1/ Name:	Phone:
Address:	
2/ Name:	Phone:
Address:	
3/ Name:	Phone:
Address:	

I/we certify that the above information is true and correct and that I/we have the authority to make this application for credit. In accordance with the Privacy Act clause overleaf I/we authorise any person or company to give information as may be required in response to credit inquiries. I/we have read and understood the Terms and Conditions overleaf of Bill Webb Contracting Limited and agree to abide by these conditions.

If a company/partnership/trust then to be signed by two active directors/partners/trustees
NB: The person(s) signing below warrants that they have the authority to sign on behalf of the Buyer

Signed: _____ Signed: _____
 Name: _____ Name: _____
 Date: _____ Date: _____