



**JOHN SHAW (NZ) LTD**

9/13 Albert Street, Cambridge  
P O Box 962, Cambridge 3450  
Telephone: 07 823 4029  
Facsimile : 07 823 4059

**APPLICATION TO OPEN A CHARGE ACCOUNT**

**NB** *This side to be used for limited liability companies only otherwise PTO*

1. Full Name of Co.....

2.(a) Type of Business.....

(b) Trade Name (if any).....

3.(a) Delivery address.....

(b) Postal Address.....Post Code.....

(c) Telephone No.....Fax No.....

Mobile No..... Email address.....

4.(a) Place and date of registration.....

(b) Major shareholders.....

5. Bank.....Branch.....

6. Business premises are leased/owned.....

7. Credit references: Name, location and telephone number:

(a).....

(b).....

8. Estimated monthly requirements \$.....

9. Terms and Conditions:

(a) *I agree that the above information is correct in all respects, and that if credit is granted, accounts will be paid on the 20<sup>th</sup> of the month following invoice.*

(b) *Title of Goods. Ownership of the goods shall remain with John Shaw (NZ) Ltd., and shall be transferred to the purchaser only when the purchaser makes payment in full.*

Signed..... Name.....

Position.....Date.....

**FOR OFFICE USE** References checked.....Account No.....

Account authorised by.....Cr.Limit.....

(CA2/97) Salesperson.....D.C.....