



**JOHN SHAW (NZ) LTD**  
 9/13 Albert Street, Cambridge  
 P O Box 962, Cambridge 3450  
 Telephone: 7 823 4029  
 Facsimile : 7 823 4059

**APPLICATION TO OPEN A CHARGE ACCOUNT**

***NB* If a limited liability company, please use other side of form.**

1.(a) Full Name .....  
 (include christian names)

(b) If a partnership, list full.....  
 names & private  
 addresses of partners.....

.....

(c) Trade Name (if any).....

2. Type of Business.....

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

(b) Postal Address.....

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

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

4. Number of years in your own business.....

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.....

Date.....

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

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

(CA2/97) Sales person.....D.C.....