

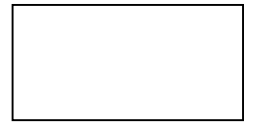
Holstens (NZ) Trading Ltd. Credit Application Form

176 Railside Ave

Henderson New Zealand

Email: holstens@paradise.net.nz

Phone: (9)838 0173 Fax: (9)838 0174



Please Complete & Return Form

VALID 12 MONTHS

date.....

Company Name:.....Tel ().....

Trading as.....Fax ().....

Address..... Email:.....

..... P Code

Attention:.....

Owners or Director's Information

Name: 1 2

Private Address.....

Telephone

- Nature of Business:** 1. Florist 2. Gifts 3. Supermarket 4. Chemist
(please circle one) 5. Bridalwear 6. Floral Art 7. Nursery/Cut flowers 8. Florist Sundries
9. Other

Retailer

Wholesaler (wholesale means you **sell to retail**)

PREFERRED CARRIER

(or leave blank and we will use our carrier)

ONFORWARDING (country areas only).....

ALL GOODS ARE SENT FOB. Please arrange appropriate insurance.

1 all claims advising extent of loss/damage, invoice # & consignment note # must be received by HOLSTENS Ltd within 7 days of date of delivery

BANK:.....**BRANCH:**.....

ABN #

Declaration: I understand that all discounts are conditional upon payment being received before the 30th day of the month following the date of invoice.

Ownership of goods shall not pass to the customer and will remain the property of HOLSTENS Ltd until payment is received in full.

(Find...A/c application) **Signature**..... **Date**.....