



# Credit Application Form

## BUSINESS CONTACT INFORMATION

Company Name		Date business commenced.     / . /
Trading as		<input type="checkbox"/> Sole Trader
Telephone   Fax		<input type="checkbox"/> Partnership
E-mail		<input type="checkbox"/> Corporation
Address		<input type="checkbox"/> Limited
		<input type="checkbox"/> Other
NZBN No.		

## BUSINESS AND CREDIT INFORMATION

Physical/Delivery Address <small>(if different from above)</small>		Bank name:	
How long at current address?		Bank Address	
Accounts Telephone/Fax			
Accounts E-mail			
Accounts/Order Contact Name			

## BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

## AGREEMENT

- All invoices are to be paid 20<sup>th</sup> month following
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Choice Fruit Products to make inquiries into the trade references that you have supplied.

## SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	