

Application for Credit Account

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0400 934 658	No Additional States
09 255 5611	No Compreschaltzed lenninges
	Name
Trade References: Please do not use metal merchants or corporates such as fuel or power companies	Trade Please do not use metal merchants or
	Date of Birth:
	Phone Number:
	Home Address:
CY/C	Owners Name: (In full, including middle names)
If Partnership/Sole Trader:	If Partners!
Address of Directors:	Names of Directors:
Addiess of Directors:	Natilies of Directors:
Address of Dispersions	Company Number:
CCT Number	Registered Utrice:
If Limited Liability Company:	
Monthly Limit Required: Form land 3	Nature of Business: MonaSuchuc
	Trading As: Composite Tabilers
53 Hed	Registered Name: Everything Filmgliss
Limited Company / Sole Trader / Partnership / Trust (please circle)	Limited Company / Sole Trade
Phone Number	Phone Number
Contact Name	Contact Name
Solicitor:	Accountant:
Legal Contact Details	Legal
@ CD 05 - CO.WZ	Account Overies / Invoices: Accounts a
Preferred Accounts Email	
Country	Country N2
Post Code	PostCode 3920
City	City Tourseurs.
Address	Address 44 Sell Rd
Postal Address:	Delivery Address:
Website:	Alternative Number: 021 2345 329
Fax Number:	Phone Number: 07974 \$588
Company Contact Details	Company

Once complete, scan and email to: sales@themetalcompany.co.nz



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Email	Phone / Mobile	Position	Name	
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Customer's Acknowledgments and Personal Guarantee

As applicant and customer, I/we have read and agree to be bound by The Metal Company Terms and Conditions of Trade (as per page 3 of this document). We certify that the information given in this document is true and correct and that we are authorised to make this application on behalf of the customer.

Name:

Brion Bergin Date of Birth:

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Date: Position S Director 16/20 Signed: Date of Birth

In consideration of the Company's supply at our request of goods and services to the applicant/customer, I/we personally guarantee to the Company due and punctual performance by the Applicant/Customer of its obligations to the Company and agree to be deemed to be principal debtor for all accounts held and amounts owed by the Applicant/Customer to The Metal Company, and this is a continuing guarantee and indemnity which is not discharged by settlement or payment of any account. I/we confirm that I/we have been advised by The Metal Company to seek legal advice before signing this acknowledgement and personal guarantee.

Date: Position Name: Date: Name: Position: Director 10 0 Signed: Signed: Date of Birth Date of Birth 24 0 0 W

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