

# River City Signs and Stripes Limited

3 Haig St, Po Box 5149 Frankton Hamilton.  
Ph 07 846 6042 Fax 07 846 6052



## Credit Account Application Form.

### Full Legal Name (i.e. Not Trading Name)

Sole Trader  Individual  Partnership  Ltd Company   
Other (please state) \_\_\_\_\_

Date of Incorporation (Ltd Company) \_\_\_\_\_

### Trading Name

### How long has the business been trading?

\_\_\_\_\_ Years \_\_\_\_\_ Months

### Contact Details

Contact Name \_\_\_\_\_

Daytime \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Physical Address \_\_\_\_\_

### Ownership - Please insert owner(s) / Directors name(s) in full

1 \_\_\_\_\_ Address \_\_\_\_\_

2 \_\_\_\_\_ Address \_\_\_\_\_

3 \_\_\_\_\_ Address \_\_\_\_\_

### Trade References

Company	Contact Name	Phone Number
1		
2		
3		

### Declaration

I/We have read and agree to be bound by the terms and conditions of trade as printed on separate page. I/We declare to River City Signs and Stripes Ltd that the above information is true and correct and that I am duly authorised to enter into this application and future contracts on behalf of the customer.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Dated \_\_\_\_\_ Designation \_\_\_\_\_