

New Customer (please select) Yes No
Existing Customer A/c # _____
Area Sales Manager _____
EAV: _____
Quote Attached: Yes No

Auckland Branch
P O Box 76351 Manukau City 2241
Phone (09) 278 0145 | Fax (09) 278 5672

Hamilton Branch
12 Manchester Place | Te Rapa
Phone (07) 847 2202 | Fax (07) 847 0818

enquiries@coregas.co.nz | www.coregas.co.nz

Sole Trader Partnership Limited Company

Company Name: (if Sole Trader, full name required) _____

Trading Name: _____

Company/Partnership Registration Number: _____ Date of Incorporation: _____

Date of Birth (for Sole Traders): _____ (Please obtain a copy of Sole Traders Drivers Licence) **MANDATORY**

Postal Address: _____

Delivery Address: _____

Email Address: _____

Phone: _____ Fax: _____

Delivery contact: _____ Phone: _____

Accounts contact: _____ Phone: _____

Name of Principle: _____

Address: _____

Name & Branch of Bank: _____

Accountant: _____

Solicitors: _____

Trade References:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

I certify that the above information is true and correct and that I have the authority to make this purchase. In accordance with the Privacy Act (1993) I authorise any persons or company to give information as may be required in response to credit inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE (overleaf) of Coregas NZ Ltd which form part of, and are intended to be read in conjunction with this application and agree to be bound by these conditions.

Name	Signature	Date
Processed By:	Date Opened:	Customer Code Confirmed: