



Application for Credit Account

Please complete either electronically and email to anne@bamford.co.nz
or print, complete and fax to 04 569 64 89

Type of Company Public Company Private Company Trustee Company

Company Details

Registered Business Name			
Trading Name			
Incorporation Number		Date of Incorporation	
Parent Company Name		Date of Incorporation	
Physical Address			
		Post Code	
Postal Address			
		Post Code	
Phone Number		Fax Number	
Email Address**	<u>**This address will be used to email your invoices and statements</u>		

Name and Addresses of Directors

Name 1			
Address			
Name 2			
Address			

References:- please ensure that two trading references are provided.

Company Name			
Address			
		Phone	
Company Name			
Address			
		Phone	

Please indicate which product ranges you intend purchasing:-

- Medical Supplies
- Hospital Supplies
- Pharmacy Products
- Pharmaceuticals

If purchasing pharmaceuticals please provide either:-

Current Medsafe "Licence to Sell" number <i>(If onselling)</i>	
Current Practising Certificate <i>(if prescribing)</i>	

Application

I/we declare that we have authority to sign this application, and:

- a) confirm the information provided on the Application for Credit Account form is correct;
- b) agree all purchases from W.M. Bamford & Company Limited shall be on W.M Bamford & Company Limited's terms and conditions that are current at the time (as attached)
- c) acknowledge that the Company may decline this application without giving a reason
- d) authorize the Company to make such enquiries as it deems necessary to establish the Customer's creditworthiness to it's satisfaction.

Customer Name			
Signature		Date	
Signer's Name		Position	

Internal Office Use Only

Account No:	Customer Type:	Sales Area:	Sales Person:
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