



ACCOUNT APPLICATION FORM

COMPANY INFORMATION

BUSINESS NAME:		GST NO.:	
TRADING NAME:		NZBN:	
TEL NO:	Website:		
LEGAL STATUS OF THE COMPANY (Please tick one):			
LIMITED LIABILITY	PARTNERSHIP	SOLE PROPRIETOR	TRUSTEE COMPANY
REGISTERED BUSINESS ADDRESS:			POST CODE:
POSTAL ADDRESS:			POST CODE:
DELIVERY ADDRESS:			POST CODE:
DATE BUSINESS COMMENCED:		DATE OF OWNERSHIP STARTED:	
CONTACT NAME:			
TEL NO:		EMAIL:	
EMAIL (for receiving offers and updates from Helix Connections):			
ACCOUNTS PAYABLE CONTACT NAME:			
TEL NO:		EMAIL:	
NAME OF BANK:		BANK ACCOUNT NO.:	

DIRECTORS/OWNERS

1. Name:		DOB:	
Address:		Email:	
Tel No:		Drivers Licence:	
2. Name		DOB:	
Address:		Email:	
Tel No:		Drivers Licence:	
3. Name		DOB:	
Address:		Email:	
Tel No:		Drivers Licence:	

REFERENCES (TRADE/BUSINESS)

1. Name	Company:	Contact No.:
2. Name:	Company:	Contact No.:

BANK ACCOUNT DETAILS

Bank:	Account Number:
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CREDIT TERMS (STRICTLY 30 DAYS UPON APPROVAL):

1. Payment is due 30 days from invoice unless otherwise agreed
2. Default on payment may result in withdrawal of credit

CREDIT CHECK AUTHORISATION

I/We hereby declare the above information is correct and true to my/our knowledge. I/We authorise you to request reasonable credit details from the above noted referees and to/from credit reporting agencies. I/We undertake to pay all amounts net within/on 30 days from date of invoice.

Estimated Monthly Spend \$:	
Sign:	Date:
Name:	Position:

*Please ensure you complete 'Terms and Conditions of Trade' and return along with Application for Credit by post or email.
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