



HIANDRI SOLUTIONS LIMITED

CREDIT ACCOUNT APPLICATION

APPLICANT DETAILS		
Full Company Name of Customer		
Trading Name (if applicable)	GST No	
Street Address		
Postal Address		
Business Ph No	Mobile No	Fax No
Bankers	Branch	
Accountant	Location	
Anticipated Value of Monthly Purchases		
Maximum Credit Requested		
Do you use an Official Order No. (please circle)	Yes	No
Contact Person for Payment of Account	Phone No	
Email Address for Accounts		
COMPANY PARTICULARS		
Company Number	Date Incorporated	
Address of Registered Office		
Company Directors/Partners/Proprietors		
Full Names	Date of Birth	Residential Address

TRADE REFERENCES			
Name	Location	Ph No	Avg Monthly Spend

The applicant acknowledges HIANDRI may contact these Trade References for verification of information about it and agrees to the release of confidential information about it held by them as part of this process

TERMS AND CONDITIONS

Hiandri standard terms and conditions of sale form part of this contract.

Payment shall be made 20th of the month following despatch to 12 3025 0444904 00

Please complete and return to;

Hiandri Solutions Ltd PO Box 30206 HBMC Napier 4142 Ph 027 4843470 Fax 06 843 0434

Signature of Applicant	
Name and Position Held	Date