

Alarcon Construction Ltd  
Ph (09) 428 2995  
Fax (09) 929 3433  
P.O. Box 362  
Whangaparoa  
Auckland 0943  
Email: info@alarcon.co.nz

# Application To Open Credit Account

Company Structure:

Sole Trader  Limited Company  Partnership  Trust  Other  \_\_\_\_\_

Trading Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Registered Office: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Company Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Previous Address Details (If less than 2 years): \_\_\_\_\_

Contact Person for Accounts: \_\_\_\_\_

Name and Branch of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Solicitors Name and Address: \_\_\_\_\_

Accountants Name and Address: \_\_\_\_\_

Trade References: (excluding Fuel Suppliers, Credit Cards, Landlord, Power & Phone Cos)

1. \_\_\_\_\_ Phone No: \_\_\_\_\_

2. \_\_\_\_\_ Phone No: \_\_\_\_\_

3. \_\_\_\_\_ Phone No: \_\_\_\_\_

## Details of Partners (if Partnership)

1. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Details of Directors (If Limited Company)

1. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## PRIVACY WAIVER

I certify that the above information is both true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1993) I authorise any person or company to give information that may be required in response to credit inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE Alarcon Construction Ltd which form part of, and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Proprietor / Partner / Director / Authorised Signatory) Circle One

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Witness:**  
Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

TERMS OF TRADE ON REVERSE OR ATTACHED