



# CUSTOMER APPLICATION FORM

Document No.	F-200-AD-102.1
Date of Issue	24/09/2012
Rev	24/09/2012
Approved by	Avikash Chand

Company/Business Name: ..... Com#: .....

Trading Name: ..... GST#: .....

Postal Address: .....  
(for Accounts) .....  
..... Post Code .....

Business Address: .....  
.....  
..... Post Code .....

Internet Address: .....

Nature of Business: .....

How Long Established: ..... years Under Present Ownership: ..... years

Parent Company: .....

Previous Business Name/s (if any): .....

## Invoice

Contact Name: .....

Position: .....

Email Address: .....

Phone No: ..... Fax No: .....

## Statement

Contact Name: .....

Position: .....

Email Address: .....

Phone No: ..... Fax No: .....

Is the applicant a trustee for any trust? Yes  No

Full Name of Trust: .....

Name of Managing Director or Proprietor/s

1. ....

2. ....

3. ....

4. ....



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Name of your Bank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Bank Manager: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Length of time with your current bank: \_\_\_\_\_ years

### Credit Referees

1. Contact Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Your estimate of monthly credit required: \$ \_\_\_\_\_ (Amounts payable within 30 days from invoice date)

### Declaration

I/We hereby acknowledge receipt of Eurofins NZ Laboratory Services Ltd Terms and Conditions of Trade and upon acceptance by the supplier by way of written notice or the supply of goods or services and having read the Terms and Conditions of Trade agree to be bound accordingly. The customer further agrees to the obtaining and use of credit information supplied in this credit application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (please print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_

### Please Return This Completed Form (2 pages) To:

Fax: \_\_\_\_\_ Name: \_\_\_\_\_ Op Centre: \_\_\_\_\_

### EUROFINS OFFICE USE ONLY

Customer Category No: \_\_\_\_\_ Credit Approved: Yes  No

Key Customer: Yes  No  Authorised by: \_\_\_\_\_  
(Finance Authority) (Signature)

Branch Manager: \_\_\_\_\_ Processed by: \_\_\_\_\_  
Signature: \_\_\_\_\_ Account Code Allocated: \_\_\_\_\_  
Administration: \_\_\_\_\_