

ACCOUNT APPLICATION FORM

09 579 1155

photoshacknz@gmail.com

CUSTOMER DETAILS (please print clearly)

DATE: ____ / ____ / ____

Registered Company Name / School Name: _____

Email: _____ Website: _____

Company Number (if applicable): _____ GST Number: _____

Nominated Contact Person: _____

Phone: (0) _____ DDI: (0) _____ Mobile: (0) _____

BILLING ADDRESS

POSTAL ADDRESS (if different from billing address)

Street: _____ Street: _____

Town/Suburb: _____ Town/Suburb: _____

City: _____ Postcode: _____ City: _____ Postcode: _____

Approximately what would your average monthly spend be with Photoshack? \$ _____

Have you traded with Photoshack before? Please tick the box.

CONTACT DETAILS OF THREE TRADE REFEREES

Please ensure these are three people or companies that invoice you on a monthly basis and that you have checked with them prior to sending through your application. NB: We can not use companies like Spark, Vodafone, or The Warehouse.

Referee 1:	Referee 2:	Referee 3:
Company: _____	Company: _____	Company: _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
Phone: (0) _____	Phone: (0) _____	Phone: (0) _____
Monthly Spend: _____	Monthly Spend: _____	Monthly Spend: _____

AUTHORISED SIGNATURES

A copy can be found at <http://www.photoshack.co.nz/terms-conditions>

I agree to the Terms and Conditions of Photoshack.co.nz Please tick the box.

Full Name: _____ Position: _____

Signed: _____ Date: _____

Would you like to subscribe to our Photoshack Newsletter? Please tick the box.

You are able to unsubscribe by clicking on unsubscribe in the newsletter.

FOR OFFICE USE ONLY

Approved by _____ Credit limit: \$ _____ Date: _____ Signature _____

Remarks / Conditions: _____