



STELLAR INTERNATIONAL LIMITED

PO Box 59-264 Mangere Bridge, Auckland.
Tele: (09) 275 5066. Fax: (09) 256 0015.
Email: admin@stellarint.co.nz

ACCOUNT APPLICATION FORM

ENTITY DETAILS:

APPLICANT'S FULL LEGAL NAME (i.e. not trading name):

(Please tick) Sole Trader Individual Partnership Ltd Company Other (please state):

Trading as: Postal Address:

Physical Address: Email:

Nature of Business: Years in Business:

Telephone: Fax: Date of Birth:

Contact Name & Position:

Casper Code..... GST Number.....

OWNERSHIP please insert Owner(s) / Directors Name(s) in full

1:..... Address:

2:..... Address:

IF LIMITED LIABILITY COMPANY - Address of Registered Office:

Date of Incorporation: Incorporation No:

ACCOUNTS PAYABLE DETAILS:

Accounts Payable contact name:..... Phone Number.....

Email address for invoices..... Email address for statement.....

TRADE REFERENCES			
Company	Contact Name	Phone Number	Account open since

General Description of Goods/Products/Services to be Provided:

I/We have read and agree to be bound by the terms and conditions of trade as printed overleaf or attached. I/We warrant to Stellar International Limited that the above information is to the best of my/our knowledge, information and belief true and correct and that I/we am/are duly authorised to enter into this application and future contracts on behalf of the Client.

Signed Print Name Designation

Dated this day of 20