



Specialized Abrasives

26C Aetna Place (P.O. Box 21 204)
Henderson 0650
Auckland, New Zealand

Phone: (09) 836 6390
Fax: (09) 836 6391

CREDIT ACCOUNT APPLICATION FORM

Registered Name:.....
Company Registration Number:..... **Date Established:**.....
Postal Address:.....
.....**Post Code:**.....
Delivery Address:.....
.....
Phone Number:..... **Fax Number:**.....
Email Address:.....
Contact Name:.....
Business Status: Limited Company Partnership Sole Trader Other

Business Activity:.....
Estimated Monthly Purchases:.....**Registered for GST:** Yes No

Acceptance of Terms and Conditions

I hereby apply to open a credit account with Discon Products Ltd, I have read and fully understood Discon's terms and conditions of trade (see product page on web site www.disconabrasive.co.nz) and agree to abide by them.

Name of person signing this application:.....
Position held:.....
Authorized signature:..... Date:.....

Please list three trade accounts that we may approach for a credit reference

Company:..... **Phone:**.....
Company:..... **Phone:**.....
Company:..... **Phone:**.....

Please note that in order for product supply to continue our payment terms of 20th month following invoice (or as agreed with customer) must be met.

Email: discon@xtra.co.nz
Web Site: www.disconabrasives.co.nz