

**ELECTRIC MOTOR SOLUTIONS LIMITED**Trading as **ACTON-EMS**

GST Number: 107-264-795

**APPLICATION FOR CREDIT ACCOUNT**Email Back to: [Karen@emotors.co.nz](mailto:Karen@emotors.co.nz) or Fax to: 09 273 7307Sole Trader  Limited Company  Partnership  Trust  Other 

Trading Name:			
Legal Name:			
Postal Address:		Post Code	
Delivery Address:			
Telephone:		Fax:	Mobile:
Registered Office:		E-Mail	
Company Number:		Date Of Birth: (Sole trader only)	
Previous Address Details (If less than 2 years):			
Accounts Contact:		Email Address	
Purchasing Contact:		Email Address:	
Name & Branch of Bank:		Bank Account Number:	
Solicitors Name and Address:			
Accountants Name and Address:			
<b>Trade References:</b> (excluding Fuel Suppliers, Credit Cards, Landlord, Power or Phone Companies)			
1.		Phone No:	
2.		Phone No:	
3.		Phone No:	
<b>Details of Partners</b> (If Partnership)		<b>Details of Directors</b> (If Limited Company)	
Full Name		Full Name	
Home Address		Home Address	
Home Phone		Home Phone	
Full Name		Full Name	
Home Address		Home Address	
Home Phone		Home Phone	
<b>PRIVACY WAIVER</b>			
<b>NOTE: New Accounts must complete a minimum of three months trading, with timely payments, prior to requesting a 20<sup>th</sup> Day of the Month Credit Account.</b>			
By dating and returning this form I/we authorise EMS to furnish to any third party any details of this application and any subsequent application and any subsequent dealings that I/we may have with EMS as a result of this Application being actioned by EMS. See overleaf for terms & conditions.			
Signed Authorised Signatory		Date:	
Full Name		Position	
Full Name (Witness)		Position	
<b>EMS Office Use Only</b>			
Account Authorised by:		Date Opened:	
<b>Payment Terms</b>		Customer ID	