

Account Application - Overseas

RELEASE DATE: 01 March 2021

Please complete all sections, sign and email a scanned copy back to Bostock New Zealand

This form is only valid with an authorised signature and company stamp on page 4.
We are not able to process this application without your approval and acceptance.

Applicants Full Legal Name

Trading Name of Entity

Primary Contact - Person *Ms Mrs Mr* First, Middle, Surname

Contact Email

Type of Entity (e.g. Sole Trader, Limited Liability Company, Partnership)

Type of Business (e.g. Manufacturer, Trading Company, Importer, Distributor, Retailer)

Company Number/Legal ID

Years in Business/Date of Incorporation

Number of Employees

Physical Address:

City Suburb

Zip/Postal Code State/Region

Postal Address:

City Suburb

Zip/Postal Code State/Region

Country

Phone (primary) International Prefix and Country Code e.g. 00 64, Area Code e.g. (0) 9, Number

Fax

Website

Shipment Destinations

ACCOUNTS PAYABLE CONTACT

Name

Phone Number

Email Address

FINANCE MANAGER/ CFO CONTACT DETAILS

Our insurance company may contact you to acquire financial information. This will be treated as confidential and will not be disclosed by the insurer to Bostock NZ.

Name

Phone Number

Email Address

MAJOR SHAREHOLDERS

Name

Address

DIRECTORS

Name

Address

TURNOVER AND SHAREHOLDERS FUNDS

Value of Initial Order

CREDIT REFERENCES (Please complete in full)

Company Name

Address

Contact Name

Phone Number

Company Name

Address

Contact Name

Phone Number

Company Name

Address

Contact Name

Phone Number

ACCOUNT INFORMATION

Accountant/Auditor

Solicitors

Bank	Branch Address	Swift/IBAN#
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Comments

All offers and sales are made under Bostock New Zealand Terms of Trade available in the below link:

[Terms of Trade - Bostock New Zealand](#)

SIGNATURE

Name of Customer

Name of Authorised Person

Signature of Authorised Person and Company stamp

Date

Signature and Company Stamp