## Credit Account Application for:

## **SAECOWilson**

## (a division of Motion New Zealand Ltd)





Please email completed form to: accounts@saecowilson.co.nz

Please complete	all sections and	read the Terms	& Conditions of	irade on c	our website: \forall	www.saecow	lison.co.nz	
Company De	tails							
Legal Name:								
Trading Name:								
Postal Address:						Post Co	do:	
Delivery Address:						Post Co	de:	
Tel:		Fa	X:		Email:			
	Company	Sole Trader	Trust	F	Partnership	Incorp	oorated Society	1
NZBN No.:		Address of Re	egistered Office:					
_			ogiotoroa o mos.					
Company No.:								
Details of Ow	vner (if Sole Tro	ader), Partne	<b>r</b> (if Partnership)	, or Dire	ctor (if Con	npany)		
Name:				Address:				
Name:				Address:				
Contacts				Addicess.				
			T.1					
Purchasing:			Tel.: _		E	mail:		
Accounts Payable:			Tel.:		E	mail:		
Trade Refere	nces							
Name:						Tel.:		
Name:						Tel.:		
						Tel.:		
Name: Credit Limit						I el		
	ck applicable:	<\$5,000	\$5,001-10,00	00	\$10,001 -	\$20.000	\$20,001 -	
I certify that the above CONDITIONS OF TRAD and agree to be bound I agree that if I am a di under this contract.	e information is true DE on the website wy d by these condition:	and correct and tha vw.hcdflowtech.co.r s. I authorised the u	at I am authorised to nz. which forms part ise of my personal in	make this apport of and are interesting formation as o	ended to be read detailed in the Pr	d in conjunction rivacy Act clause	nd understand the with this Credit to therein.	ne TERMS & Account Application
Name:								
Position:								
Date:				Plea	se Sign Here			]
Office Use	Only							
Account No. Branch			Pate Opened			Check Approval		
ANZSIC		Т	уре			Industry		
Marketing			Category			Industry Sub	,	