



ACCOUNT APPLICATION FORM

Business:

Phone number:

Fax:

Email:

Directors name:

Delivery address:

Monthly purchase(approx)

Contact Name

Three Credit References

- | | |
|----|--------|
| 1. | Phone: |
| 2. | Phone: |
| 3. | Phone: |

Terms of Agreement:

You undertake to pay the account in full on or before the due date. Default payment, will incur late payment fees of 2.5% per month on any amount outstanding. If legal action is necessary, and/or fees, which we may occur in recovering from you any overdue amount.

Signed

Date

412 Tuam Street, Christchurch
Phone: +64 3 982 6335
Email: info@satintextiles.co.nz
www.satintextiles.co.nz