

NATIONWIDE

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Application For Credit

Customer Number: (For office use only) _____

Company Name: _____

Trading Name: _____

Trading Type: Limited Liability Company Partnership Sole trader Other: _____

Delivery Address:

Postal Address:

Owner(s) Details:

Name: _____

Email: _____

Phone: _____

Address:

Sales Contact:

Name: _____

Email: _____

Phone: _____

Accounts Contact:

Name: _____

Email: _____

Phone: _____

Credit References:

Name: _____

Address: _____

Name: _____

Address: _____

Note: Please refer to Terms of Trade details provided.

This application is conditional on the acceptance of the terms and conditions as set out in that document.

Signed: _____

Date: _____

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PO Box 65 Oxford 7495
andrew@nationwidebooks.co.nz
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