



Color Factory Limited
 P.O. Box 15-858
 1 Ward Street, New Lynn
 Auckland, New Zealand
 Tel: (09) 827 3813. Fax: (09) 827 8764
 Email: info@colorfactory.co.nz

ACCOUNT APPLICATION FORM

ENTITY DETAILS

Applicant's Full Legal Name (i.e. not trading name): ("the Client")

(Please tick) Individual Partnership Ltd Company Other (please state):

Trading as: Postal Address:

Physical Address: Email:

Nature of Business: Years in Business:

Telephone: Fax:

Contact Name & Position: Date of Birth:

OWNERSHIP

Owner(s)/Director(s) Names (in full):

1: Address:

2: Address:

If Limited Liability Company

Date of Incorporation: Address of Registered Office:

FINANCIAL & PROFESSIONAL ADVISORS

Name of Accountant: Name of Solicitor:

Bank: Branch: Account Number:

TRADE REFERENCES

Company	Contact Name	Phone Number	Account Open Since
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TERMS AND CONDITIONS OF TRADE ACCEPTANCE

- I/We acknowledge that I/we have received Color Factory Limited terms and conditions of trade and the Client agrees to be bound by them and any subsequent changes made by Color Factory Limited.
- Pursuant to the provisions of the Privacy Act 1993 I/we authorise any person, agency or company to provide Color Factory Limited with such information as it may require in response to its credit enquiries concerning any aspects of this trading account. I/We authorise you to furnish any third party details of this application being actioned by Color Factory Limited and/or any subsequent details concerning its credit enquiries.
- I/We acknowledge that I am/we are signing this form as director(s) of the Client and also jointly and severally in my/our personal capacity and I/we personally undertake as the principal debtor(s) to pay on demand all monies due to Color Factory Limited by the Client.

Full Name: Position:

Signature: Date:

Full Name: Position:

Signature: Date: