Account Application Form

Secure Transport Ltd — Please complete all sections and return to info@securetransport.co.nz

Date: _____

COMPANY / PARTNERSHIP / SOLE TRADER DETAILS

Company Name *

Incorporation Number

Trading Name (if different)

Nature of Business

Years in Business

GST Number

OWNER(S) / DIRECTOR(S) / PARTNERS — FULL NAME

Full Legal Name *

Position / Title

Residential / Business Address *

CONTACT DETAILS

Postal Address

Postal Code

Physical Address *

Contact Name *

Position

Phone *

Mobile

Email Address *

Accounts Email

TRADING REFERENCES (please provide 3)

Reference 1 — Name *

Phone *

Reference 2 — Name *

Phone *

Reference 3 — Name *

Phone *

DECLARATION

By signing below you confirm that: (a) you apply for a credit account with Secure Transport Ltd; (b) the above particulars are true and correct; (c) you have read and agree to be bound by the Terms and Conditions of Trade; (d) you authorise Secure Transport Ltd to carry out credit checks in relation to this application; and (e) you are authorised to make this application and bind the applicant to our terms and conditions of trade.

Signed as Applicant *	Full Name (print) *	Date *

Please return this completed form to: info@securetransport.co.nz or post to Secure Transport Ltd, 20b Corinthian Drive, Albany, Auckland