

BUSINESS CREDIT APPLICATION

The Phone Guys Limited
PO Box 26115
CHRISTCHURCH

Phone 03 982 7180

Fax 03 982 4057

Full Legal Business Name _____ Date _____

Sole Trader Individual Partnership Ltd Company Other (please State)

Address _____ City _____ State _____ Zip _____

Owner/Manager _____ Tel.No. _____

How long in business _____ Company Number _____

Trade References:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Bank References:

Name _____ Address _____

Accountants Name _____ Address _____

Credit line requested \$ _____

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

