



Plantman Limited
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www.plantman.co.nz

ACCOUNT APPLICATION FORM

By completing this Account Application Form you are acknowledging acceptance of our [Terms & Conditions](#). Please ensure you have read and understood them fully - they are available on our website (www.plantman.co.nz).

All signatories acknowledge that the information provided is true, correct and complete and that they are authorised to sign on behalf of the organisation or business for which the account application is being completed.

Please complete this Account Application Form and return to Plantman via email, fax or post.

BUSINESS DETAILS

Business Structure: Sole Trader Partnership Company Trust
Other _____

Business Name: _____

Trading Name (if different): _____

Contact Person: _____

Position: _____

Type of Business: _____

Length of Time in Business: _____

Physical Business Address: _____

Postal Address: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Bank Name and Branch: _____

Account No: _____

INDIVIDUAL or PARTNERSHIP

Name: _____

Physical Address: _____

Postal Address: _____

Phone (work): _____ Fax: _____

Mobile: _____ Email: _____

Phone (home): _____

Signature: _____

Date: _____

ORGANISATION (Company/Trust)

Name: _____

Type of Organisation: _____

Company No: _____

No of Years in Business _____

Address of Registered Office: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Directors

Director 1

Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Signature _____

Date _____

Director 2

Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Signature _____

Date _____

CREDIT REFERENCES

Provide three (3) businesses that can tell us about you're trading history

Business 1

Name: _____

Contact Person: _____

Phone _____

Business 2

Name: _____

Contact Person: _____

Phone _____

Business 3

Name: _____

Contact Person: _____

Phone _____