



APPLICATION For Credit

Company

Address

.....

Town/City

Post Code

Main

Contact

Phone

Fax

E-Mail

PO Box

.....

Accounts

Contact

Website **Log In** Email : _____ Password: 1 2 3 4 5

If you have more than 1 person using our website we recommend you use your info@.... or sales@.... etc

30 day account with a credit limit of \$..... No. Employees

Nature of business

Client Requests or Restrictions

.....

Please provide two suppliers to your company allowing a credit payment check to be completed (excluding Banks, Electricity & Fuel providers).

Company Contact Ph

Company Contact Ph

Terms and Conditions

Please visit our website at www.hesnz.co.nz

At the bottom of our home page are our "Terms & Conditions" please click on this and ready.

Declaration

I have read and understand the "Terms and Conditions" of this account application and agree to be bound by them.

I hold a position of responsibility within this company allowing me to complete Pages 1 and 2 of this account application on behalf of the company.

Full Name

Company Position

Authorising Signature

HES NZ Ltd - 3 Heb Place, Takanini, Auckland 2105, New Zealand
Postal: Po Box 202245, Southgate Post Centre, Auckland 2246
accounts@hesnz.co.nz

Westpac Bank Account No. 03 1506 0483614 000
Branch: Westpac Manukau City Mall Branch
Address: 683 Great South Road, Manukau 2104, New Zealand
International Swift Code: WPACNZ2W

Office Use: Approved By: _____

Date: ____/____/____