



EPI PLASTICS
Passion Plastic EPI Limited

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office@epiplastics.co.nz

CREDIT APPLICATION

CONTACT DETAILS

Company Name _____
Type of Business _____
Contact - Sales _____ Contact- Accounts _____
Postal Address _____
Delivery Address _____
Telephone Number _____ Fax _____ Mobile _____
Email Address - Sales _____
Email Address - Accounts _____
Web Address _____

Directors Name _____
Address _____

Telephone Number _____
How did you find out about us? _____

TRADE REFERENCES

Company Name _____
Address _____
Telephone Number _____ Contact _____

Company Name _____
Address _____
Telephone Number _____ Contact _____

Company Name _____
Address _____
Telephone Number _____ Contact _____

TRADING TERMS

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1. Payment strictly 20th Month following invoice
 2. I/we Authorise any person or company to provide you with such information as you may require in response to your credit enquiries
 3. I/we authorise you to furnish any third party details of this application and any subsequent dealings that I/we may have with you as a result of this application being actioned by you.
 4. Unpaid accounts will be passed to our debt collectors and all recovery costs and expenses will be added to the account plus interest at 1.5% per month.

Signature _____ Date _____

Purchase Order required for all orders YES / NO. Are Back Orders accepted YES /NO (Please Circle)