

Breadcraft (Wairarapa) Ltd

PO Box 352, Masterton.

CREDIT APPLICATION FORM - Individuals

Please note: As a matter of good business practice, we require all our customers to fill in an application form for our records. We thank you for taking the time to do so.

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|--|----------------|-----|
| FULL NAME OF OWNER (S) / DIRECTORS : | | |
| SURNAME | FIRST NAME (s) | DOB |
| SURNAME | FIRST NAME (s) | DOB |
| IDENTIFICATION TYPE : (eg Car Reg./Drivers Licence/Passport/Birth Cert....)..... | | |

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| SHOP/TRADING NAME: |
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|--------------------------------|-------------|-----------------|
| TYPE OF BUSINESS : SOLE TRADER | PARTNERSHIP | LIMITED COMPANY |
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| DELIVERY ADDRESS: |
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| POSTAL ADDRESS: |
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| RESIDENTIAL ADDRESS: |
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|----------------------------|--------------|
| TELEPHONE: BUSINESS HOURS: | AFTER HOURS: |
| MOBILE : | EMAIL : |
| FAX NUMBER: | |

| | | |
|------------------------|-----------|---------|
| ALTERNATIVE CONTACTS : | | |
| NAME | ADDRESS : | PHONE : |
| 1. | | |
| 2. | | |

| | | |
|--------------|-----------|--------|
| ACCOUNTANT : | ADDRESS : | PHONE: |
|--------------|-----------|--------|

| | | |
|------------|-----------|--------|
| SOLICITOR: | ADDRESS : | PHONE: |
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| | | |
|---|-----------|---------|
| TRADE REFERENCES (Telephone /Power Companies, Banks and Credit Cards are not acceptable) (3 required) | | |
| Name of Company : | ADDRESS : | PHONE : |
| 1. | | |
| 2. | | |
| 3. | | |

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|---|---------------------------------|
| IS THIS THE FIRST TIME YOU HAVE OWNED A BUSINESS ? | |
| IF NO, WHAT WAS THE NAME(S) OF YOUR PREVIOUS BUSINESS (S) ? | |
| WHEN DID IT FINISH ? | HOW LONG WERE YOU IN BUSINESS ? |

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|---|-------------|-------|
| HAVE YOU HAD A PREVIOUS ACCOUNT WITH BREADCRAFT (WAI) LTD ? | | |
| YES /NO | WHAT NAME ? | WHEN? |

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|------------------------------------|------------------------------------|
| ESTIMATED WEEKLY REQUIREMENTS : \$ | DATE OF 1 ST DELIVERY : |
|------------------------------------|------------------------------------|