

NEW CUSTOMER ACCOUNT FORM



Name of business: .....

Owner of business: .....

Occupation: .....

Delivery address: .....

.....

.....

Postal address (if different from above): .....

.....

.....

Telephone number: ..... Fax number: .....

Contact person: ..... Email: .....

☐ **Yes, we would like a web account** (please contact us if you require more than one log in)

Contact person: ..... Email address: .....

☐ **Yes, we would prefer to receive our statements via email**

Contact person: ..... Email address: .....

Credit references:

1) ..... Phone number: .....

2) ..... Phone number: .....

*That under the terms of the Privacy Act (1<sup>st</sup> July 1993) we .....irrecoverably authorise any person or company to provide **Oraltec NZ Limited** with such information as they may require in response to our credit enquiries. That we authorise **Oraltec NZ Limited** to furnish to any third party, details of this application and any subsequent dealings that they may have with us as a result of this application being actioned for us.*

*That we undertake to pay the account in full on or before the due date. In default of such prompt payment, we undertake to pay late payment fees of 2% per month on any amount outstanding and to indemnify **Oraltec NZ Limited** and pay all the costs and expenses on a solicitor/client basis if legal action is necessary and/or any debt collection fee which **Oraltec NZ Limited** may incur in recovering any overdue amount.*

☐ **We have read and accept the Terms of Business as stated on the Oraltec website** ([www.oraltec.co.nz/about-us](http://www.oraltec.co.nz/about-us))

Signature: ..... Date: .....

OFFICE USE ONLY:

Account no: ..... Rep: .....