

Account application

Name of your A J Park contact: _____

Account name: _____

Trading name: _____

Full name of contact person: _____ Mobile: _____

Street address: _____

Postcode: _____

Postal address (if different from street address): _____

Postcode: _____

Phone: _____ Website: _____

Fax: _____ Email: _____

Business status: Limited company Partnership Individual

Other _____ Company registration number: _____

If you are an individual or sole proprietor: Owner's date of birth: _____

By signing this form you:

- authorise A J Park to obtain any information about your credit details within the guidelines set out in The Credit Reporting Privacy Code 2004 issued under section 46 of the Privacy Act 1993
- authorise A J Park to pass on any information from this application or its enquiries to other parties only for the purpose of completing this credit application process
- confirm you are giving us true and correct information
- confirm you have read and agree to A J Park's Client Charter.

Authorised signature (s):

Date:

Please return this form in the postage paid envelope, or fax or email the application to:

The Credit Manager
 PO Box 949, Wellington 6140,
 New Zealand

Fax: +64 4 472 3358

Email: wellington@ajpark.com

Office use only : Client code : _____

WELLINGTON

Huddart Parker Building
 1 Post Office Square
 Wellington 6011
 PO Box 949
 Wellington 6140
 New Zealand
 Telephone: +64 4 473 8278
 Freephone: 0800 257 275
 Facsimile: +64 4 472 3358

AUCKLAND

Level 14, AMP Centre
 29 Customs Street West
 Auckland 1010
 PO Box 565
 Auckland 1140
 New Zealand
 Telephone: +64 9 356 6996
 Freephone: 0800 257 275
 Facsimile: +64 9 356 6990