



BROADCAST & PROFESSIONAL DIGITAL VIDEO CAMERA HIRE

Application for Credit Account / 30 Days – Send to PO Box 46 309 Auckland

Name _____ Trading / Company Name _____

Company Directors / Name 1. _____ Title 1. _____

Name 2. _____ Title 2. _____

Postal Address _____

Street Address _____

Tel: _____ Mob: _____ Fax: _____ Email: _____

Nature of Business _____ Purchase Order System ? yes no

Years in stated Business _____

Your Accountant / Name: _____ Tel: _____

Your Accounts Payable / Name: _____ Tel: _____

Your Bank & Branch / _____

Credit Card: It is our policy to charge all invoices to your credit card after 40 days credit

Card Type _____ Name on Card _____

Card Number _____ 4 Digit Card Number _____

Card Expiry _____

Credit References / for supply of your credit rating

Company 1. _____ Tel 1. _____

Company 2. _____ Tel 2. _____

Companies

Date of Incorporation. _____ Registered Office at. _____

Registration No. _____ City. _____

Partnerships & Sole Traders

Total number of partners. _____ Date of Registration. _____

Registration No. _____

I hereby apply for a Niche Cameras Ltd Credit Account and agree to pay accounts within 30 days. Also I agree to pay 5% interest per month on overdue accounts and agree to abide by the Terms & Conditions of Niche Cameras New Zealand Ltd Hire Agreement, which are available upon request from Niche Cameras Ltd. I also agree to pay all costs of recovery.

Signature of Applicant _____ **Title** _____ **Date** _____

Must be a company director or partner