



SCHOLASTIC NEW ZEALAND LTD

NEW ACCOUNT APPLICATION AND TERMS OF TRADING AGREEMENT

COMMERCIAL BUSINESS/PARTNERSHIP/SOLE TRADER & COMPANY
(INCLUDING PRIVATE CHILDCARE CENTRES)

EDUCATION FACILITIES: Pre-School, Kindergartens, Schools, Tertiary Education Centres
GOVERNMENT DEPARTMENTS: Central & local government including libraries

Please complete all relevant sections...

Please tick: PRIVATE SOLE TRADER PARTNERSHIP
COMPANY

ALL APPLICANTS

TRADING NAME _____
STREET ADDRESS _____
POSTAL ADDRESS _____
TELEPHONE NUMBERS _____ After Hours _____ Fax _____

COMPANIES ONLY

EXACT REGISTERED NAME OF COMPANY _____	INCORPORATION NUMBER _____	
ADDRESS OF REGISTERED OFFICE OF COMPANY _____		
DATE OF INCORPORATION _____	ISSUED CAPITAL \$ _____	PAID UP CAPITAL \$ _____



ALL COMMERCIAL BUSINESS APPLICANTS (Including GOVT DEPTS)

APPLICANT'S NAME _____

NAME AND ADDRESS OF PROPRIETOR OR PARTNERS OR DIRECTORS

NAME _____ ADDRESS _____ PHONE No _____

NAME _____ ADDRESS _____ PHONE No _____

Have there been any Bills of Sale, or Security Interests, Mortgages, Caveats, or other Charges registered against the abovementioned?

YES NO

Has the proprietor or any of the partners/directors ever been adjudicated Bankrupt or been under any special financial arrangements?

YES NO

If YES give particulars _____

DATE OF COMMENCEMENT OF BUSINESS _____

NATURE OF BUSINESS ACTIVITIES _____

AFFILIATED OR PARENT COMPANIES (1) _____

PREVIOUS BUSINESS ADDRESS _____

BANKERS _____ BRANCH _____ ACC. No _____

NAME OF ACCOUNT _____

EDUCATION FACILITIES ONLY

EXACT NAME OF ORGANISATION _____

NAME AND ADDRESS OF PROPRIETORS OR PARTNERS OR DIRECTORS

NAME _____ ADDRESS _____ PHONE No _____

NAME _____ ADDRESS _____ PHONE No _____

STATE FUNDED: YES NO

ALL APPLICANTS

NAME AND ADDRESS OF THREE TRADE REFERENCES

NAME _____ ADDRESS _____ PHONE No _____

NAME _____ ADDRESS _____ PHONE No _____

NAME _____ ADDRESS _____ PHONE No _____

ANTICIPATED VOLUME OF TRADING MONTHLY \$ _____

NAME OF PERSON AUTHORISING PAYMENT OF ACCOUNTS _____

EMAIL ADDRESS: _____

ORDER NUMBER REQUIRED ON INVOICES: YES/NO

BACK ORDERS REQUIRED: YES/NO

The Customer and Signatories appearing below hereby acknowledge receipt of a copy of the agreement and upon acceptance by the Supplier by way of written notice agrees to be bound by the terms of agreement attached.

SIGNED FOR AND ON BEHALF _____ POSITION _____ DATE _____

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