

CUSTOMER DETAILS

COMPANY NAME: _____

NZBN NUMBER: _____

TRADING NAME: _____

TYPE OF BUSINESS: _____

COMPANY ADDRESS: _____

SUBURB: _____ POSTCODE: _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

TRADE REFERENCES

Kindly ensure that referees are regular, industry-related vendors (providers of rent, utilities and financial services etc. will not be accepted)

COMPANY NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

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CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

COMPANY NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

ÖSSUR NEW ZEALAND STANDARD PAYMENT TERMS IS 30 DAYS FROM INVOICE

By submitting this application, you authorise Össur to make enquires into your trade references supplied.
All sections must be completed and the form must be signed by an authorised representative of the company.

Full Name

Position

Signature

Date

FOR OFFICE USE ONLY

AR APPROVER: _____

DATE APPROVED: _____ CREDIT LIMIT: _____

CUSTOMER NUMBER: _____

Signature

Date