



WHOLESALE FISHING NZ

APPLICATION FOR CREDIT

COMPANY OR TRADING NAME: _____

1. FIRST NAME: _____ SURNAME: _____

2. FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

WEBSITE: _____

CREDIT REFERENCES

1. _____ PHONE: _____

2. _____ PHONE: _____

3. _____ PHONE: _____

SIGNATURE OF APPLICANT: _____

Please return completed form by e-mail or fax.

E-mail: sales@wholesalefishing.co.nz | Fax 028 2553 8302