



Machining Solutions

5a Frederick Street

Wanaka, 9305

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CUSTOMER ACCOUNT APPLICATION FORM

Trade Name: _____

Business Type: Company, Partnership, Sole Trader (Circle /Underline one)

Company Registration No: _____ GST No: _____

Delivery Address: _____

Postal Address: _____

Phone No: _____ Cell Ph No: _____

Email: Accounts _____

Accounts contact name: _____

Directors: _____ Address: _____

Trade References:

1. _____ Contact Ph No: _____ Name: _____

2. _____ Contact: Ph No: _____ Name: _____

I/We agree to the Terms & Conditions of Trade as outlined on the pages supplied with this Application form and our latest T&C on our website - www.machiningsolutions.co.nz.

I/We agree to pay all accounts no later than the **20th of the month following** the invoice date.

Name: _____

Position: _____

Signature: _____

Date: _____