

# Application For 7 Day Account

Email back to: [accounts@thinkit.co.nz](mailto:accounts@thinkit.co.nz) or fax to: 09 636 0333



Organisation Name			
Trading Name (if different)			
Legal Entity Type i.e. Limited / Sole Trader / Partnership		Company Number (if applicable)	
<b>Bill to</b> Address Line 1			
<b>Bill to</b> Address Line 2			
<b>Bill to</b> City			
<b>Bill to</b> Post Code			
<b>Deliver to</b> Address Line 1			
<b>Deliver to</b> Address Line 2			
<b>Deliver to</b> City			
<b>Deliver to</b> Post Code			
Phone 1		Phone 2	Fax
Please advise if a purchase order is required prior to work commencing			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please select how you wish to receive invoices and statements			Emailed <input type="checkbox"/> Printed <input type="checkbox"/>
<b>Bill to</b> Email Address (Accounts)			
<b>Bill to</b> Contact Name			
<b>Key Personnel</b>			
Name		Phone	
Position		Email	
Name		Phone	
Position		Email	
<b>Overview of Your Business</b>			
Name 3 Trade References (references will be contacted)			
1		Phone	
2		Phone	
3		Phone	
How long has your organisation been operational?		How many people are there in your organisation?	
Main Business Activity		GST Number	
How did you hear about Think I.T.? Web search <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Referral <input type="checkbox"/> Other: _____			
<b>Note: New accounts must complete a minimum of three months trading, with timely payments, prior to requesting a 20th day of the month credit account.</b>			
By signing and returning this form I authorise Think I.T. to furnish relevant credit organisations with details of this application and accept Think IT Limited's Terms of Trade.			
Name of Authorised Applicant			
Signature of Applicant		Date	
<b>Think I.T. Office Use Only</b>			
Name		Date	
Maintenance		Payment Terms	7
Card ID		Billing Rate	