



# 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 \$ _____



**Read Every Day. Lead a Better Life.**

Private Bag 94407 Botany Manukau 2163 Telephone 09 274 8112 Fax 09 274 8115  
21 Lady Ruby Drive East Tamaki Manukau 2013 [www.scholastic.co.nz](http://www.scholastic.co.nz)

## 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 \_\_\_\_\_

SIGNED FOR AND ON BAHALF \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_