



5A Craft Place, Middleton, Christchurch  
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# APPLICATION FOR CREDIT

Date \_\_\_\_\_

## COMPANY DETAILS

Company Name			
Trading Name			
Company Number			
Postal Address			
Physical Address			
Phone		Fax	

## NAMES OF DIRECTORS/PARTNERS/TRUSTEES/OWNERS/INDIVIDUALS

FULL NAME	RESIDENTIAL ADDRESS

## CONTACT DETAILS

Key contact person		Designation	
Direct Phone #		Cell Phone #	
Accounts person		Direct Phone #	
Accounts email			

## TRADE REFERENCES: PLEASE DO NOT USE THE FOLLOWING COMPANIES AS THEY DO NOT GIVE CREDIT REFERENCES

CREDIT CARD, FUEL, POWER, PHONE & OR INTERNET PROVIDERS. BUNNINGS, HIRE POOL,

Company Name	Phone #

I/We (the customer) certify that the information given above is correct and that we have read and understand Star Scaffolding Ltd's Terms & Conditions.

### DIRECTOR/PARTNER/TRUSTEE/OWNER/INDIVIDUAL

### WITNESS

Signature	Signature
Print Name	Print Name
Position	Address
Date	Date