



CASH ACCOUNT APPLICATION

TRADING NAME*:

PRINCIPAL(S)*:

POSTAL ADDRESS*:

..... Town/City: Postcode:

DELIVERY ADDRESS*:

..... Town/City: Postcode:

PHONE NO: MOBILE NO*:

EMAIL*:

TYPE OF BUSINESS:

- SOLE TRADER PARTNERSHIP LIMITED COMPANY

Please indicate the main area/s your business operates in - tick as many as required

- Signage Installer/Applicator Garment Decoration Print Architecture
 Vehicle Wrapping Home Crafter Monumental Mason

YEAR COMMENCED: NZBN:

To find your business number go to www.nzbn.govt.nz

BANK NAME & BRANCH:

ANY OTHER REVELEVANT INFORMATION:

Join our marketing database for the latest updates on new products and specials delivered directly to your inbox.

If you want to be added to our marketing database, please tick here

If you want a login for our website to purchase online, please tick here

CONTACT FIRST NAME*: SURNAME*:

SIGNATURE*: DATE:

Type your name above, this will serve as your signature.

* Required fields

Once completed save as a pdf and email back to csr@cohesivenz.co.nz

