

PEARSON NEW ZEALAND LIMITED



Trading as Pearson Clinical & Talent Assessment
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CREDIT ACCOUNT APPLICATION

PLEASE COMPLETE ALL SECTIONS IN FULL

Trading Name: _____

Postal Address: _____

Street Address: _____

Delivery Address: _____

Phone: _____ Fax: _____

Email Address: _____

Your Sales Contact: _____

Phone: _____ Fax: _____ Mobile: _____

Sales Email address: _____

Your Accounts contact: _____

Phone: _____ Fax: _____ Mobile: _____

Accounts Email address: _____

Business Status: New Existing

If existing, please answer the following:

Changeover Date: _____

Previous Shop Name: _____

Previous Owner's Forwarding Address: _____

EITHER: Business Ownership Details: Sole Trader Partnership

Proprietors Full Name(s)	Private Address	Private Phone	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OR: Company Name: _____

Incorporation Date: _____ Registration No: _____

Registered Office Address: _____

Directors Full Name(s)	Private Address	Phone	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Trading Name and Address: _____

Trade Reference Names (3)

Phone Number

_____	_____
_____	_____
_____	_____

Accountant: _____ Phone Number: _____

Business Activity:

Estimated monthly purchases \$ _____

Description of Principal Business Activity: _____

How do you intend to sell the books? _____

Invoice and Reporting Requirements:

All invoices are printed in publisher sections please choose one of the following (please tick box)
(Our Reference)

Customer reference then alphabetical by title (J)

The same sequence as my order (L)

Customer reference then alphabetical by author (M)

Customer reference then by ISBN (N)

Y / N Do you want part supply if your order cannot be filled entirely?

Y / N Do you accept backorders?

*The terms & conditions of trade accompanying this application
for an account with Pearson New Zealand Limited have been read and accepted.*

Signature: _____ Date: _____

Name: _____

Sponsoring Publisher supplying application form: _____

PSYCHCORP TO COMPLETE:

Sales Department	Representative	Discount %/Code	Firm Sale	Initials
PsychCorp	_____	_____	Y/N	_____

FINANCE DEPT TO COMPLETE:

Customer No: _____ CC/TOB: _____ CC/BG: _____ Credit Limit \$ _____