

ACCOUNT APPLICATION FORM

Company :

Registered Name :
(If different from above)

Postal Address:

Delivery Address:

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Fax :

Phone:

Preferred Method to send Invoices -

POST

E-MAIL

FAX

If Post is selected the above address will
be used else please advise E-mail
address or Fax number to be used:

In making this application for a Trading Account, on behalf of the above company, I agree
to accept the Standard Terms of Trade of DataCol Solutions Ltd, available at
www.datacol.co.nz/terms.html

Application By : Position :

Signed : Date :

DataCol Account Details

Bank Name: **Bank of New Zealand, Papakura, Auckland**

Account Name: **DataCol Solutions Ltd.**

Account Number: **02-0400-0423053-00**

SWIFT: **BKNZ22**

GST Number: **66 - 431 - 134**

Payment advise may be sent to: accounts@datacol.co.nz or Fax : **09 912-0859**

www.datacol.co.nz www.datamax.co.nz



Page 1

