



Club Account Application Form

Please complete all the fields below and return the form to enquiries@healthspanelite.nz. By completing and signing this form you are agreeing to our terms of sales.

Company Name _____

Company Registration Number _____ GST Number _____

Registered Office Address _____

Telephone Number _____

Delivery Address (if different from above) _____

Email address for account login _____

Payment Contact _____

Order Contact _____

Job Title _____

Job Title _____

Email Address _____

Email Address _____

Request Credit Limit

If you would like to apply for a credit limit, please also complete the following section. Please note that payment terms are strictly 30 days from date of invoice.

Bank Name _____

Account Number _____

Bank Address _____

Sort Code _____

Requested Credit Limit _____

Trade References

Company Name _____

Company Name _____

Contact Name _____

Contact Name _____

Email Address _____

Email Address _____

Registered Office Address _____

Registered Office Address _____

I hereby certify that the information in this application is correct and that I have read and agree to the Terms and Conditions which can be found at www.healthspanelite.nz. The information included in this application is to be used to set up a Trade Account and determine the amount and conditions of the credit to be given and will be protected under the Data Protection Act 2018. Further, I hereby authorise the bank and trade references listed in this application to release information necessary to assist in establishing a line of credit.

Signature _____	Name _____	Job Title _____	Date _____
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