



Request to Open an Account

PO Box 302-749 North Harbour, Auckland 0751 Fax 09-281-3090 admin@upstartpress.co.nz

Trading Name	
Street address for deliveries	
Phone number	
Email	
Buyer's name	
Accounts contact person	
Accounts contact's email (if different)	
Account contact's phone (if different)	

Legal structure of business (circle one)	Company	Trust	Sole Trader	Partnership
Registered company name or business name				
Date of incorporation			Company registration number	

Director's full name	
Director's private address	
Director's private phone number	

Trade references (new accounts only)

1	
2	
3	

If a title is Not Yet Published or Not Yet Reprinted, please indicate how we should treat your order:

Record orders for all titles Record only new title orders Do NOT record orders

- * All sales are FIRM unless otherwise agreed with Upstart Distribution in writing.
- * Payment is due 30 days from the end of the month of invoicing unless otherwise agreed in writing.
- * Changes of ownership must be notified to Upstart Distribution in writing BEFORE changeover date. Thanks.

Signature of authorised applicant (by signing this application you are agreeing to be personally responsible for all debts incurred):

Name (please print)	Signature	Date

OFFICE USE ONLY: Rep Date processed Account #