



The Gorge Nursery Limited  
479 Ashley Gorge Rd  
Oxford, 7495  
Phone 03 3124176  
Fax 03 3124175  
Email info@thegorgenursery.co.nz

CREDIT APPLICATION FORM

( ) Sole Trader ( ) Partnership ( ) Limited Liability Company ( ) Trust

Business Name (in full) \_\_\_\_\_

Business Trading Name \_\_\_\_\_

Authorizers Name \_\_\_\_\_

Current Address \_\_\_\_\_

Contact Details (home number)\_\_\_\_\_ (work number)\_\_\_\_\_

Principals (Full names of Partners, Directors and Major Shareholders)

Names

Residential Address

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Telephone\_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No.\_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No.\_\_\_\_\_

Trade Credit References \_\_\_\_\_ Phone No. \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Declaration

( ) I have read and I accept The Gorge Nursery Ltd Terms and Conditions of Trade 2010

Signature \_\_\_\_\_ Date \_\_\_\_\_