

CREDIT REQUEST FORM

For businesses only - credit cannot be extended to private individuals)

39 Johnston Street
Wellington, NZ
T: 04 472 2820
F: 04 472 2152

Name of Company: _____

office@magnetix.co.nz
magnetix.co.nz

Address account is to be sent to: _____

I hereby acknowledge and agree that this account will be paid by 20th of month following date of invoice. Payment may be made by direct credit to:

Magnetix Limited,
Account No. 38-9011-0855849-00

If paying by direct credit please use your account number as the reference.

Name of person to be referred to on account: _____

Phone: _____ Email: _____

Newspapers/magazines required:

	start	/
	start	/
	start	/
	start	/
	start	/
	start	/

Credit References: (Name of company and contact phone number required)

1. _____
2. _____
3. _____

(Authorised signature)



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