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Iron Runner Limited
6A Monier Place
Mount Wellington, AUCKLAND 1060
Phone: (09) 390 8878
Email: sales@mctyre.co.nz
Web: www.mctyre.co.nz
GST No: 117-232-689

CUSTOMER INFORMATION FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Customer's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other:			
Full or Legal Name:			
Physical Address:			Postcode:
Billing Address:			Postcode:
Email Address:			
Phone No:		Fax No:	Mobile No:
Personal Details: <i>(please complete if you are an Individual)</i>			
D.O.B.:		Driver's Licence No:	
Business Details: <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)</i>			
Trading Name:		GST No: <i>(if applicable)</i>	
Company Number:		Date Incorp. <i>(current owners)</i> :	
Contact Person:			Phone No.
Nature of Business:			
Directors / Owners / Trustee: <i>(if more than two, please attach a separate sheet)</i>			
(1) Full Name:			D.O.B.:
Private Address:			Postcode:
Driver's Licence No:		Phone No:	Mobile No:
(2) Full Name:			D.O.B.:
Private Address:			Postcode:
Driver's Licence No:		Phone No:	Mobile No:

I certify that the above information is true and correct and that I accept the supply of credit by IRL *(if applicable)*. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Iron Runner Limited T/A M.C Tyre or Kelston Machinery* which form part of, and are intended to be read in conjunction with this Customer Information Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.***

*(*IRL shall indicate the trading entity that the Customer is contracting with by ticking one or more of the tick boxes above.)*

SIGNED (CUSTOMER): _____ **SIGNED (IRL):** _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CUSTOMER'S SIGNATURE:

Signed: _____ Name: _____ Date: _____

OFFICE USE ONLY		
Account / Ref. No.	DATA INPUTTED	DATE
		/ /

