

ACCOUNT /MEMBERSHIP

APPLICATION FOR SERVICE

Today's Date_____

To open an account with us please fill in all details on the account application form and fax back to us on: (09) 630 5722

Please note that the DIRECTOR of the company must sign the Terms & Conditions before we can process the account application. All forms sent back must be signed.

PERSONAL/CONTACT INFORMATION

*Last Name: _____ *First Name: _____

*Birth Date: ____/____/____ Male Female

*Address: _____ *City: _____ * Post code:.....

*Email address: _____

*Home Phone: (_____) _____

*Work Phone: (_____) _____ *Cell Phone (_____) _____

Primary Language: English Other (specify): _____

Company Contact Information:

*Trading as:(Please circle one)
Company Partnership Trust Sole Trader Individual

*Company Name: _____

*Company address:.....

Suburb.....

City..... PostCode.....

*Company contact person:.....

*Work Phone: (____) _____ * Cell Phone: (____) _____

*Work Fax : (____) _____

*Company website:.....

*Company email:.....

Trade Reference #1 (.....

Ph ().....

Trade Reference #2.....

Ph:().....

Organisation/Individual Bank:

.Branch:.....

Declaration:

This application is made subject to the terms and conditions as amended from time to time by SuperCare4u.com .

I/We understand that the use of a SuperCare4u.com account indicates acceptance of its operational terms & conditions. I/

We agree that the information supplied in this application is true and correct. I/ We authorise SuperCare4u.com to obtain

from any source and person to supply to SuperCare4u.com any information concerning my/our credit and employment. I/We

agree to pay all monies owing to SuperCare4u.com within 7 days of receiving a financial billing. I/We agree to a penalty levy

of 10% accruing weekly on all unpaid accounts. I/We agree to pay all legal costs associated with debt recovery by

SuperCare4u.com.

Authorised Company Signatory.....

Date:.....

Company.....