

## Existing Customer: Application for a Credit Account



Please complete  
this form and return  
via the following:

**Mail:** BOC Limited  
PO Box 11161  
Sockburn  
Christchurch 8443

**Email:** nzcreditteam@voc.com

BOC Account Number

Estimated Monthly Spend \$



### Account for personal use

First Name  Surname

Date of Birth DD/MM/YYYY  /  /  Driver's Licence No.  Card Version No.



### Account for business use

Business Type:  Ltd Company  Sole Trader  Government  Partnership  Club/Trust

Other (please specify):

Registered Business Name

Trading Name (if applicable)

Your Position in Company

### Contact details

Mobile  Landline (  )

Email

### Declaration

**This BOC Trading Account Application will not be processed without the Applicant's signature.**

The information provided in and with this Application is true and correct and the signatory or signatories are authorised to sign on behalf of the Applicant. BOC is authorised to make all enquiries it deems necessary to investigate the Applicant's financial status and the Applicant's bankers, credit providers and any credit reporting agency are authorised to disclose to BOC information concerning the Applicant. BOC is authorised to disclose information concerning the Applicant for that purpose.

The Applicant acknowledges that all transactions under the BOC Trading Account will be subject to BOC's General Terms and Conditions of Supply. The Applicant declares that the credit (if any) to be provided under the Trading Account is to be applied wholly or predominantly for a purpose that is not a National Consumer Credit Code purpose and makes this declaration before entering into any agreement with BOC.

Full Name

Date  /  /   
DD MM YYYY

Signature