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 Phone +64 9 521-8039 Facsimile +64 9 522-8839
 Email: sales@tnz.co.nz Web http://www.tnz.co.nz

Master Account Application

Contact Details		
Title	Mr/Mrs/Miss/Ms	Date:
First Name(s) :		
Surname:		
Company Name:		
Phone: ()	Physical Address:	
Cellphone: ()		
Fax: ()		
Postal Address <i>(if different from above)</i> :		
Account Contact's Name <i>(if different from above)</i> :		
Email Address for Electronic Billing:		
Company and Trading Business Details		
Company Name or Trading Name:		
Directors Name(s):		
Trade references	1.	2.
Ph: (0)		Ph: (0)
Contact Name		Contact Name
Services Required		
TNZ Messaging <i>(sending SMS, Fax and E-mail messages)</i>	Yes / No	SMS 'Prepay' only (Yes / No)
TNZ Fax <i>(fax-2-email)</i>	Yes / No	No. of fax numbers required: ()
TNZ Fax pricing plan <i>(see website)</i> :		
E-mail address(es) for TNZ Fax:		
<i>(Please note, only 3 per number)</i>		

This is your official Master Account Application Form. Read it carefully and complete each section completely.

If there is anything that is unclear or you are unsure about, or for further information on filling in this form and the services that we have available to you, please don't hesitate to ring **TNZ Group** on **(09) 521-8039**

I/we understand that by signing this form, in accordance with the TNZ Group standard terms & conditions, that if I/we do not keep the account current then I/we become liable for interest charges, debt recovery charges and I/we may lose any special rates or discounts given. A copy of the business terms and conditions is available on the website <http://www.tnz.co.nz/terms.htm>

I/We authorize **TNZ Group** and any agent of **TNZ Group** that is deemed to be credit provider pursuant to Section 3 of the Privacy Act 1993: *To obtain from a credit agency a credit report containing my personal information about the applicant identified on this form to access this application form for personal credit. *To obtain a report containing information about the credit worthiness of the Company from a business which provides information about the commercial credit worthiness of a business for the purpose of assessing this application for business credit.

I confirm that I have read and accepted the Terms and Conditions of this contract.

Signed: _____

Dated: _____

Printed Name: _____

Position: _____

Note: The customer agrees the execution of this application form is legally binding upon him/herself even if sent via facsimile

Please Fax or Post to:

TNZ Group – Account Applications
PO Box 25-580 St Heliers
Auckland, New Zealand
Fax (09) 522-8839