Boxman Storage Ltd
PO Box 1373
NELSON 7040
Phone: 0800 269 626
Email: customerenquiries@boxman.co.nz
Web: www.boxman.co.nz
GST No: 130-554-253

ACCOUNT FORM

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

Customer's Details: ☐ Individual ☐ Sole Trader ☐ Trust ☐ Partnership ☐ Company ☐ Other:					
Personal Details: ***(please complete if you are an Individual)***					
Full or Legal Name:					
Physical Address:					Postcode:
Billing Address:					Postcode:
Email Address:					
Phone No:		Fax No:		Mobile No:	
D.O.B.			Driver's Licence No:		
ALTERNATIVE CONTACT PERSON:					
Address:					Postcode:
Phone:	Mobile:			Email:	
Business Details: ***(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)***					
Trading Name:				GST No: (*if applicable*)	
Company Number:				Sales Contact Person:	
Accounts Contact Person:				Phone No.	
Accounts E-mail:					
Business Postal Address:					
Nature of Business if different from Trading Name:					
Directors / Owners / Trustee: *(if more than two, please attach a separate sheet)*					
(1) Full Name:				D.O.B.	
Private Address:					Postcode:
Driver's Licence No:		Phone No:		Mobile No:	

PLEASE ADVISE IMMEDIATELY IF THERE IS A CHANGE OF ADDRESS OR CONTACT NUMBERS OR IF THERE IS A CONTACT PERSON CHANGE

Please complete the attached Terms and Conditions form to complete your account set up

SIGNED (CUSTOMER): _____

Name: _____ **Position:** _____

OFFICE USE ONLY

EXSISTING BOXMAN SALES CUSTOMER: YES / NO CURRENT CUSTOMER NUMBER: _____

NOTES: _____

ENTERED BY: _____ BRANCH: _____

DATE: _____ CUSTOMER ID: *Passport or DL Number and Copy* _____