

Account Application Form

Please specify your details below and either fax this form to 09 441 4970 or email it to enquires@weldingsupplies.co.nz

Username	<input type="text"/>
Password	<input type="text"/>
Three Trade references	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Delivery Address (primary)

Company	<input type="text"/>
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Address *	<input type="text"/>
City *	<input type="text"/>
Country *	<input type="text"/>
Prefered Delivery Method	<input type="text"/>
Email Address *	<input type="text"/>
Daytime Phone Number *	<input type="text"/>

Billing Address (if different from above)

Compnay	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Adderss	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>