BUYER REGISTRATION

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL

Full name of person/company/syndicate to be invoiced: _____

_____

Date of birth of person or company number: _____

If company/syndicate, full name of person acting on behalf: _____

_____

Residential Address or Registered Office Address: _____

_____

Postal Address: _____

_____

Occupation: _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Fax Number: _____ Email: _____

Trade/credit references: _____

1: _____

2: _____

3: _____

Company directors: _____

Company secretary: _____

Amount of intending purchase (s): NZ$ _____

Method of payment (please circle one of the following):

CASH **CHEQUE** **TELEGRAPHIC TRANSFER**

(NB: personal cheques accepted subject to clearance)

ALL PAYMENT MUST BE MADE IN NEW ZEALAND DOLLARS

Name of banking/finance company: _____

I/we acknowledge that I/we have read and agree to be bound by the Conditions of Sale as printed in the catalogue.

Signature: _____ Date: _____/_____/_____

Please complete, sign and return this form to New Zealand Bloodstock Ltd, PO Box 97-447, South Auckland Mail Centre, Auckland, New Zealand.

Phone: +64 9 298 0055 Fax: +64 9 296 1563 FILE REFERENCE: _____

NEW ZEALAND BLOODSTOCK