

# BUYER REGISTRATION

## PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL

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

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

Date of birth of person, or company number: .....

Residential Address or Registered Office:.....

Postal Address: .....

Occupation:.....

Home Ph: ..... Business Ph: ..... Mobile: .....

Fax No. : ..... Email: .....

Trade/credit references:

1. ....

2. ....

3. ....

Company directors: .....

Company secretary: .....

Amount of intending purchase(s): NZ\$.....

For a company, a guarantee by.....  
is to be provided? Yes/No

Method of payment (please circle):

**CASH**

**CHEQUE**

**TELEGRAPHIC TRANSFER**

(NB: personal cheques accepted subject to clearance)

## ALL PAYMENTS 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**

**SIGNATURE**..... **DATE:** ...../...../20.....

**REGISTRATION FORMS MUST BE COMPLETED, SIGNED & RETURNED TO:**

New Zealand Bloodstock Ltd

PO Box 97447, Manukau City, Manukau 2241, New Zealand

Ph: +64 9 298 0055 Fax: +64 9 2980506

**FILE REFERENCE:**

**REGISTRATION CODE:**

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