

# 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 Number: \_\_\_\_\_ Email: \_\_\_\_\_

Trade/credit references: \_\_\_\_\_

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Company directors: \_\_\_\_\_

Company secretary: \_\_\_\_\_

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

For a company, a guarantee must be provided by \_\_\_\_\_

Method of payment (please circle):

**CASH/EFTPOS**

**CHEQUE**

**EFT**

(NB: there is no credit card facility and personal cheques accepted subject to clearance)

**ALL PAYMENTS MUST BE MADE IN NEW ZEALAND DOLLARS**

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, Auckland 2241, New Zealand

Phone: +64 9 298 0055

Fax: +64 9 298 0506

FILE REFERENCE: \_\_\_\_\_ REGISTRATION CODE: \_\_\_\_\_

