

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 personal guarantee must be provided by _____

Method of payment (please circle):

CASH

CHEQUE

EFT

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

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: _____



NEW ZEALAND
BLOODSTOCK