

The Sorting Depot

NEW DEBTOR SET-UP FORM

These are all compulsory fields to set you up as an account customer for The Sorting Depot

Full name:

DATE: Day

Month

Year

Contact name for invoicing:
(if different from above)

Legal company name:

Trading as name:
(if different from above)

Company number or NZBN:

Physical address:

Post code:

Postal address:

Post code:

Phone:



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Email:

**Email for invoicing:
(if different from above)**

List of vehicle registration(s) that will be using the facility

Account preferences

Opt in to receive a printed docket at each visit (in addition to receiving the emailed dockets)

Require a purchase order number to be provided by the driver in order to use the facility

(Signature) : _____