



**techrentals**  
your rental business partner

## INDIVIDUAL CLIENT DETAILS

<b>Ph: (09) 589 2030 Fax: (09) 589 2031</b> <b>PO Box 12032 Penrose Auckland 1642</b>		<b>Free Phone: 0800 832 473</b>	
<b>PERSONAL INFORMATION</b>			
Full Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <small>Last</small> <span style="margin-left: 150px;"><small>First</small></span> <span style="margin-left: 150px;"><small>Middle</small></span>			
Residential address:		Postal Address: <small>(if differs from your residential address)</small>	
City/Suburb:	Post Code:	City/Suburb:	Post Code:
Phone: <small>Home:</small>	<small>Work:</small>	<small>Mobile:</small>	Fax:
Date of Birth:    /    /	E-mail:	Passport No.: <small>(if applicable)</small>	
Driver Licence # (5a):	Licence Version # (5b):	Motor Vehicle Registration No.:	
Where will equipment supplied by TechRentals be housed? <input type="checkbox"/> <i>At the above residential address</i> <input type="checkbox"/> <i>Other, please specify below:</i>			
<b>EMPLOYMENT DETAILS</b>			
Occupation:		<small>If Student, please supply parents name and phone number.</small>	
Employer's Name:		Employer's Address:	
Phone:	Fax:	Years Employed:	
<b>CREDIT CARD DETAILS AND AUTHORITY</b>			
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			
Credit Card No.:		Expiry Date:	
<small>I authorise TechRentals NZ Ltd to continue to bill this credit card for all charges relating to credit provided to the account.</small>			
Card in Name of:		Signature :	
<b>REFEREES DETAILS</b> <small>(Please list two people who maybe contacted for a reference)</small>			
1. Title: Mr/Mrs/Miss/Ms <span style="margin-left: 50px;"><small>First</small></span> <span style="margin-left: 150px;"><small>Last</small></span> <span style="margin-left: 150px;"><small>Phone/Mobile No.:</small></span>			
2. Title: Mr/Mrs/Miss/Ms <span style="margin-left: 50px;"><small>First</small></span> <span style="margin-left: 150px;"><small>Last</small></span> <span style="margin-left: 150px;"><small>Phone/Mobile No.:</small></span>			
<b>Authorities and Obligations</b>			
<small>I understand that by signing this application that I shall be required to honour my obligation to pay TechRentals NZ Limited within the terms and conditions as set out on each invoice for goods and services authorised by me to be charged to my account.</small> <small>I acknowledge that TechRentals has a Security Interest (as that term is defined in the Personal Property Security Act (PPSA) 1999) in all goods supplied. I will assist as required to ensure that that Security Interest becomes a "Perfected Security Interest" (as defined in the PPS Act 1999). I waive the right under the PPSA to receive a copy of any Verification Statement.</small> <small>I authorise TechRentals NZ Limited to pass personal information to any credit agency for the purposes of credit checking. This information will be used by the credit agency to update and maintain credit information files and will be accessed by the customers of the credit reporting database I authorise TechRentals NZ Limited to pass personal information to any credit agency in the event that I default on my payment obligations. This information will be used by the credit agency to update and maintain credit information files and will be accessed by the customers of the credit reporting database.</small> <small>I have read TechRentals' Terms and Conditions and agree to be bound by them.</small>			
Signature:		Print Name:	Date:    /    /
<b>FOR OFFICE USE ONLY</b>			
Date Account opened:    /    /	Customer No.:	Sales Person:	Date:    /    /
Credit Controller's Authorisation:		<input type="checkbox"/> RENTAL <input type="checkbox"/> SALE <input type="checkbox"/> ROS \$	