

ACCOUNT CLOSURE FORM

Please complete the below details and return via email to: <u>ADNZAccountsReceivable@aredirect.co.nz</u> Please allow up to 7 days for the closure to take effect as we pick some titles in advance.

Account Number:			
Account Name:			
Is this closure due to a Ch	ange of Owners	ship?	Yes / No
If yes, will the ne	w owner be pu	rchasing your existing stock?	Yes / No
What date do the	e new owners ta	ake over?	
If this is not a shange of a	umarchia uhar	a way lika yaye last daliyan.	n
ii this is not a change of o	whership, wher	n would you like your last deliveryî	f
Please provide contact de	tails where we	can contact you once we have clos	sed your account
Name:			
Postal Address:			
Email Address:			
Phone:	Mob	Home	
Signature:			
Date:			