



ACCOUNT CLOSURE FORM

Please complete the below details and return via email to: ar.retaildistribution@ovato.co.nz
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 Change of Ownership? Yes / No

If yes, will the new owner be purchasing your existing stock? Yes / No

What date do the new owners take over? _____

If this is not a change of ownership, when would you like your last delivery?

Please provide contact details where we can contact you once we have closed your account

Name: _____

Postal Address: _____

Email Address: _____

Phone: Mob _____ Home _____

Signature: _____

Date: _____

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