

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 Change of Ownership?			<u>Yes / No</u>
If yes, will the new owner be purchasing your existing stock? Yes / Yes			<u>Yes / No</u>
What date do th	e new owners	take over?	
If this is not a change of c	ownership. whe	en would you like your last delive	erv?
Please provide contact de		e can contact you once we have	
Name:			
Postal Address:			
Email Address:			
Phone:	Mob	Home	
Signature:			
Date:			