



Therapeutic Advertising Pre-vetting System REGISTRATION FORM

Please note:

1. Advertisers using the TAPS service for the first time need to register with ANZA prior to requesting advice.
2. ANZA will debit Advertisers monthly with a summary of the work undertaken on their behalf by the Adjudicator.
3. Invoices to be paid by the 20th of the month following the date of Invoice. No statements are sent. Disbursements where applicable are charged to Advertisers at cost.

Company Name: _____

Contact Person: _____

Position: _____

Postal Address: _____

Ph: _____

Email: _____

DDI: _____

Mobile: _____

Signature of Applicant: _____

Signature of Company Director or CEO: _____

Date: _____

Advertising Agency(ies): _____

CREDIT REFERENCES:

1. Company: _____
Contact Name: _____ Phone No: _____

2. Company: _____
Contact Name: _____ Phone No: _____

APPROVED BY ANZA: _____

Date: _____

PLEASE RETURN FORM TO:

Association of New Zealand Advertisers Inc, P O Box 9348, Newmarket, Auckland 1149

Ph: 64 9 300 5932 Fax: 64 9 300 5931 E-mail: anza@anza.co.nz