

Application for Credit Account



Business Information

Type of organisation	(Please circle)	Sole Trader / Company / Partnership/ Other	
Business Name			
Trading As			
Company Registration #	(If applicable)		
Date of Incorporation	(If applicable)		
Years in business			

Contact Information

Physical Business Address			
Postal Address			
Phone Number			
Mobile Number		Fax	
E-mail		Web	
Sales Contact Person		Phone	
Accounts Contact Person		Phone	

Business owner/ shareholder/ Director Details

Name:	Ph:	D.O.B	Drivers License #	
Address:				
Name:	Ph:	D.O.B	Drivers License #	
Address:				
Name:	Ph:	D.O.B	Drivers License #	
Address:				

Banking Details

Bank Account #	
Bank	
Branch	
Accountant	
Solicitor	

Trade References

1.	Phone	
2.	Phone	
3.	Phone	

Buying Details

Monthly Estimated Purchases	\$
Requested Monthly Credit	\$

Please read paragraph below and Terms of Trade attached

I/We certify that the above details concerning the customer are true and correct in every detail. I/We have read and understood the Company's Terms of Trade and the retention of title clauses which appear therein and agree to be bound by those conditions. Where the customer is a company, I/We agree and hereby acknowledge that in consideration of the Company trading with and extending credit to the customer, I/we, personally guarantee payment of the moneys owed to the Company by the customer and indemnify the Company against any loss the Company may suffer as a result of trading with the customer in the manner described in the attached terms of trade. I/we further acknowledge that the Company need not take proceedings against the customer before taking proceedings against me/us.

1. Customer Signature: _____ Date: _____
 Print Name: _____ Position: _____

2. Customer Signature: _____ Date: _____
 Print Name: _____ Position: _____

Please return signed form by fax to 03 579 1749, Or PO Box 572, Blenheim 7240.

Please retain a copy of this form and a copy of the Terms of Trade attached.