

## TEKAPO SPRINGS & TEKAPO STARGAZING CREDIT APPLICATION FORM

Company Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

NZ Incorporated Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Main Contact Details: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_

Email to send invoices to: \_\_\_\_\_

Sole Trader/Partnership/Registered Company: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Full Name and addresses of Directors/Principal/Shareholders:

1. Full Name \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Full Name \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CREDIT REFERENCES (no banks or financial institutions) Please provide at least 2

Company Name: _____	Phone: _____
Company Name: _____	Phone: _____
Company Name: _____	Phone: _____

## TERMS & CONDITIONS

- I/We hereby make application for a credit account to be opened in the name of the above company or person.
- I/We hereby give consent to enquire under the privacy act for any information re: credit status.
- I/We hereby agree to pay the accounts by the 20<sup>th</sup> of the month following date of invoice and that if unpaid by the 30<sup>th</sup> of the following;
- I/We agree to pay interest at 2% per calendar month until the account is settled in full.
- If a Debt collector or Solicitor is instructed the company reserves the right to charge all costs for recovery of any unpaid debts.
- This Application is conditional on acceptance of our full Terms & Conditions.

Signature of Director/Agent of the above named company/organization: \_\_\_\_\_

Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

## TEKAPO SPRINGS FINANCE TEAM - APPLICATION APPROVED | DECLINED

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position | Title: \_\_\_\_\_

Date approved: \_\_\_\_\_