



CREDIT APPLICATION FORM

Business Name: _____
Trading Name: _____
Type of Business: _____
Postal Address: _____
Street Address: _____
Acc Receivable email: _____
Sales/marketing email: _____
Telephone Number: _____ Fax Number: _____

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)

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 20th of the month following date of invoice and that if unpaid by the 30th 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: _____