

The Collection Company

PO BOX 37 006
CHRISTCHURCH

Ph (03) 377 3475

Fax (03) 377 6640

CREDIT APPLICATION FORM

ACCOUNT NAME (in full).....
TRADING NAME (if applicable).....
BILLING ADDRESS.....
DELIVERY ADDRESS.....
CONTACT NAME.....
PHONE..... FAX..... MOBILE.....
BANK AND BRANCH..... EMAIL.....
CREDIT REFERENCES (service stations, banks, credit cards, telephone companies, power boards are not acceptable)
1. PHONE

PAYMENT TERMS & CONDITIONS:

I/We apply to open a monthly credit account and acknowledge that I/We have read the terms stated and agree to abide by these terms. 1. Payment is due on the 20 th day of the month following Invoice. Failure to do so may result in the stopping of credit facilities without notice, until payment is made. Overdue accounts will incur interest charges at 2% above Bank of New Zealand's bank overdraft interest rate. 2. Continued noncompliance will result in the account being closed, and the account being handed to The Collection Company to instigate debt recovery action to recover the amounts outstanding. All costs of collection including debt collector's fees, solicitors costs, charges and expenses on a solicitor and own client basis will be added to the account.

I/We authorise any seller or person to irrevocably provide you with such information as you may require in response to your credit enquiries for your provision of credit to me/us. I/We further authorise you to furnish any third party any details contained in this application and any details of subsequent dealings that I/We may have as a result of this application being actioned by you and to use for any lawful purpose connected with our business, any information which I/we or any third party may provide.

SIGNED..... FULL NAME OF SIGNATORY..... DATE/...../.....

INDIVIDUAL/SOLE TRADER OR PARTNERSHIP please complete. (Strike out those that do not apply) DOB/...../.....
SURNAME..... FIRST NAMES.....
RESIDENTIAL ADDRESS.....
PREVIOUS ADDRESS.....
OCCUPATION..... NAME OF EMPLOYER.....
NAME & ADDRESS OF RELATIVE RESIDING ELSEWHERE..... PHONE.....
PARTNERSHIP DETAILS: DOB/...../.....
SURNAME..... FIRST NAMES.....
RESIDENTIAL ADDRESS.....
PREVIOUS ADDRESS.....
OCCUPATION..... NAME OF EMPLOYER.....
NAME & ADDRESS OF RELATIVE RESIDING ELSEWHERE..... PHONE.....
VEHICLE MAKE & MODEL..... REG. NO..... DRIVERS LICENCE.....

LIMITED COMPANIES, Please complete the following.
REGISTERED NAME OF COMPANY.....
FULL NAMES & ADDRESSES OF DIRECTORS / SHAREHOLDERS.....
.....
ACCOUNTANT..... PHONE

PERSONAL GUARANTEE:

I/We the Guarantor/s acknowledge the I/We understand all the provisions and terms of this application & agree that in the consideration of (The Collection Company.) agreeing to supply the above applicant with goods and services from time to time, the Guarantor/s will pay all such moneys upon demand and shall be liable as a principal debtor in respect of all liabilities to (The Collection Company.)

FULL NAME OF GUARANTOR..... SIGNATURE.....
FULL NAME OF GUARANTOR..... SIGNATURE.....
FULL NAME OF WITNESS..... SIGNATURE.....
DATE...../...../.....