

Credit Application

APPLICANT INFORMATION

Trading Name

Registered

Company Name

Type of Business (Tick one)

Limited Company*

Partnership

Sole Trader*

Other

Postal Address

Post Code

Physical Address

Post Code

Business Phone

Fax

Mobile

ACCOUNTS PAYABLE INFORMATION

Contact Name

Position

Invoice Email

Statement Fmail

Account

Enquiry Email

Phone DDI

Approx. Monthly

Credit Required \$

Method of Payment (DC, Bank Tfr, Cheque etc)

Order No. Required (Tick one)

Yes

No

BUSINESS INFORMATION

Nature of Business

Registered

Office Address

Incorporation

Number

Date Established

*If Limited Company - please list Directors Names and Address

*If Sole Trader - please list Proprietor Partners Names and Address

Full Name Address

Full Name Address

Full Name Address

TRADE REFERENCES (NOT UTILITIES, SOLICITORS, ACCOUNTANTS OR BANKS)

Company Name Contact Name Phone No. Contact Name Company Name Phone No. Contact Name Company Name Phone No.

AUCKLAND SHOWROOM & SERVICE CENTRE 192 Marua Road, Mt Wellington, Auckland 1051. Tel: 09 579-1777 CHRISTCHURCH SHOWROOM & SERVICE CENTRE 4 Avenger Crescent, Wigram, Christchurch 8042. Tel: 03 348-9898

www.safetv.kiwi





a trusted partner to industry

Terms of Trade

- 1. An invoice will be issued. Payments are to be made on the 20th of the following month unless specified otherwise on the invoice.
- 2. We accept cash, direct credit and most major credit cards for payment and will incur a 2.5% surcharge to cover our cost and fees with the credit card provider.
- 3. Any cost incurred for the collection of outstanding payments will be charged to you. That includes the cost of a debt collection agency.
- 4. We are entitled to charge interest on overdue amounts at the rate of 2% per month from the due date up to the date of payment. This is in addition to any other rights and remedies given to us in these Terms. Our right to charge interest on any outstanding sum continues after judgement. The charging of interest will in no way imply the granting of or extension of credit from us to you.
- 5. If you fail to make payment by the due date or exceed any credit limit set by us, we may cancel any unfulfilled orders you have placed with us and/or may withhold delivery of further orders and close your credit account, at our discretion.
- 6. You agree to pay our costs and expenses (including actual legal costs and disbursements on a solicitor and own client basis, and debt collection costs and late payment fees) in relation to the enforcement of our rights under these Terms and/or the recovery of any amount that you owe to us.
- 7. Title to all goods and services supplied by us shall remain our property until payment has been made for such goods and services in full by you, and any cheque or other instrument of payment has been cleared and our bank account has been unconditionally credited for the full amount due.
- 8. Short shipments or claims for damages will only be considered if received by us in writing within 7 days of receipt of Goods.

I certify that the above information is true and correct and that I am authorised to make this application for credit. I authorise any person or company to provide you with such information as you may require in response to my/our credit. I understand that by signing this application that I/we shall be required to honour my/our obligation to pay Accurate Instruments NZ Ltd within the terms and conditions as set out on each invoice for goods and services authorised by me/us to be charged to my/our account. I agree that if I am a director/shareholder of the client I shall be personally liable for the performance of the Client's obligations under this contract.

I have read and agreed to the full terms of trade available on the link below and hereby sign as an Authorised Officer. **DOWNLOAD HERE**

| Signature | | | | | | |
|---------------|------------|------------|---------|----------|----------------------|--|
| | (Tick one) | Proprietor | Partner | Director | Authorised Signatory | |
| Printed Name | | | | | | |
| Position Held | | | | | Date | |

Please email this application to: admin@accurate.kiwi

| ADMINISTRATION USE ONLY | | | | | | | | | | | |
|----------------------------------|-----|----|----------------------|-----|----|--|--|--|--|--|--|
| All Information Received | Yes | No | Setup in System | Yes | No | | | | | | |
| Customer Code | | | ASM Code | | | | | | | | |
| Accepted / Declined | | | References Contacted | Yes | No | | | | | | |
| Confirmation Sent to Customer | Yes | No | Credit Limit \$ | | | | | | | | |
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