

CREDIT ACCOUNT APPLICATION AND AGREEMENT

APPLICANT DETAILS									
Registered Company Name						Company			
Trading As (where applicable)						Sole Trader			
Street Address									
Postal Address for Accounts									
Main Account Contact	Name:					Business Ph:			
	Email:					Mobile Ph:			
Nature of Business (Main Activity)									
Anticipated Monthly Purchase \$					Max Credit Requested \$				
Order # Required for Purchases?	NO		YES		If Yes, Format?				
Accounts Payable Contact:					Email:				

COMPANY PARTICULARS		
Company No:	Date of Incorporation:	
Registered Office:		
Directors Full Names (2)	Residential Address:	Phone:
1		
2		
How long has the Company traded under Current Ownership		
Has the Company or its Directors ever been served with a statutory demand or other proceedings in relation to the recovery of debt? If Yes, Please provide Details:		

TRADE REFERENCES (2)			
Name	Company	Phone	Av Spend/Month

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Have you ever had an Account Application Declined by a Supplier? If yes, please provide details:

GENERAL TERMS OF CREDIT

- ★ Invoices are payable in Full **within 14 days** of the date on the Invoice to Hillsfield Limited t/a Daneunder Workwear **01 0598 0072286 00**. Statements will not be sent out unless requested.
- ★ Goods remain the property of Daneunder Workwear until payment is received in Full.
- ★ Ongoing Credit is subject to Review at any time - Daneunder Workwear reserves the right to cancel any Credit Agreement at its' sole Discretion.
- ★ Hillsfield Limited reserves the right to charge Interest of 5% pa plus any collection Fees incurred by EC Credit for Overdue Accounts where no prior Agreement has been made between the Customer and Hillsfield Limited.

CUSTOMER DECLARATION

The Applicant hereby applies for a Trade Credit Account with Hillsfield Limited trading as Daneunder Workwear in accordance with the General Terms of Credit outlined above. The Applicant warrants and represents that all information in this Application is accurate and complete. Daneunder Workwear reserves the Right to deny any Application for Credit at its sole discretion.

APPLICANT TO COMPLETE

Signature: _____ Print Name: _____ Position: _____

Date: _____

WITNESS TO COMPLETE

Signature: _____ Print Name: _____ Position: _____

Date: _____

Completed Forms can be sent to Jo Hill via Email office@daneunder.co.nz



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FOR OFFICE USE ONLY				
Date Received:		Date Processed:		
Processed By:		Approved:	<input type="checkbox"/>	Declined: <input type="checkbox"/>
Customer Code Allocated		Loaded:		
Customer Price Group:		Credit Limit:		