Credit Application

Phone: 0800 726 726
orders@safetyandapparel.co.nz

Company Name:

Postal Address **Post Code**

Delivery Address **Post Code**

Town/City **Phone:** **Mobile:**

Accounts Contact: **Sales Contact:**

Email: **Email:**

Phone: **Phone:**

Type of Business (please Circle) *Limited Liability* *Partnership* *Sole Trader*

Trust *Incorporated Society* *Other*

Directors/Partners/Owners

1.

2.

3.

How Many Years in Business?

Monthly Credit Limit:

Business Credit References (No Banks, Accountants, Competitors, Lawyers or Utilities Please)

1.
Company Phone Number

2.
Company Phone Number

3.
Company Phone Number

How we like to do business (Terms and Conditions)

I/We understand that credit is granted for payment by 20th of the month following purchase and that until full payment is made to Safety & Apparel (the Company) any goods supplied by the Company shall remain the property of the Company and may be taken back by employees or Agents of the Company if payment is overdue. I/We understand that the Company shall be entitled to terminate or suspend any credit arrangement with me/us if I/We default in any of these terms or conditions.

I/We undertake to pay the account in full on or before the due date.

In default of any due payment, I/We understand that the Company may charge interest on the amount outstanding at the rate of 5% per month and I/We undertake to indemnify the Company and pay collection costs plus all legal costs on a Solicitor/client basis which the Company may incur recovering from me/us on any overdue account.

Under the terms of the Privacy Act 1993, I/We authorise any person or business or organisation to provide the Company with such information as they may require in response to their credit inquiries I/We authorise the Company to furnish to any third party details of this application and any subsequent dealings that I/We may have with the Company as a result of the application being actioned by the Company.

I confirm I have read and understand the Terms and Conditions above and agree that all purchases will be made on this basis.

SIGNED_____(Company Director/Partner/Proprietor/Manager. Date:_____

Guarantee

In consideration of Safety and Apparel supplying goods and services to the above customer I PERSONALLY GUARANTEE the due payment of all monies owed to you by the customer. I agree that no granting of time, waiver, indulgence or neglect to sue by you shall reduce or affect my liability but as between you and me I shall be deemed to be the principle debtor.
I have read and understood the Guarantee and my signature confirms my acceptance of the contract and guarantee.

Signature of Guarantor:_____ Name of Guarantor: _____

Witnessed By (Name): _____ Signature of Witness: _____

For Office use Only: Region: _____ **Customer Industry:** _____