



## 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 co,powerboards not acceptable)

1..... Phone.....

2..... Phone.....

3..... Phone.....

### Payment Terms & Conditions:

I/We apply to open a monthly credit account and acknowledge that/we have read the terms stated and agree to abide by these terms. 1. Payment is due on the 20<sup>th</sup> 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 ASB 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, charge and expenses on a solicitor and own client basis will be added to the account.

I/We authorize 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 authorize you to furnish any third party 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 provide.

Full Name of Signatory..... Date.....

Signature.....

**Individual/Sole Trader/ Partnership** please complete (Delete those that do not apply)

Surname.....

First Names.....DOB.....

Residential Address.....

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Previous Address.....

.....

Occupation.....Name of Employer.....

DL number.....

Name & Address of Relative Residing elsewhere.....

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.....Phone.....

Partner Two Details:

Surname.....

First Names.....DOB.....

Residential Address.....

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Previous Address.....

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Occupation.....Name of Employer.....

DL.....

Name & Address of Relative Residing Elsewhere.....

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.....Phone.....

**Limited Companies**, Please complete the following

Registered Name of Company.....

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Full Names & Addresses of Directors/Shareholders.....

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Accountant.....Phone.....

Solicitor.....Phone.....

**Personal Guarantee:**

I/We.....the Guarantor/s acknowledge that we understand all the provisions and terms of this application & agree that in consideration of (The Connection Company SI Ltd) 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 Connection Company SI Ltd)

Full Name of Guarantor.....Signature.....

Full Name of Guarantor.....Signature.....

Full Name of Witness.....Signature.....

Date.....