



Laurie Hall Lane, Whangarei
PO Box 5099, Whangarei 0140
Phone: 09 438 9604
Email: team@gawdygreen.co.nz

APPLICATION FOR CREDIT

1. Full Name of Enterprise _____
2. Trading Name (if different from above) _____
3. Contact Person _____ Position _____
4. Postal Address _____
5. Physical Location _____
6. Telephone Business _____ Ext _____
Private _____ Mobile _____
Email _____
7. Type of Business Sole Trader | Partnership | Limited Liability Company | Trust | Other
(strike out those not applicable)
8. Previous Address _____
(if changed within last 2 years)
9. Accountant _____ Firm _____
10. Solicitor _____ Firm _____
11. Bank _____ Branch _____
12. Account References
1) _____ Ph _____
2) _____ Ph _____
3) _____ Ph _____

I/We wish to open a credit trading account and authorise you to collect, retain and disclose all information necessary (including any information from 12 above) to establish my/our credit worthiness.

I/We understand that terms of trade are strictly for settlement by the 20th of the month following the date of invoice/statement and agree that should all or any part of my account not be paid by the due date stipulated above, that the interest on a monthly basis may be charged on the unpaid portion.

I/We further undertake to fully indemnify you in respect of all costs and expenses which you may incur in recovering from me/us any overdue amount

I declare that I have the authority to open this account

Name _____ Signed _____ Date _____

FOR OFFICE USE ONLY

REFS 1)
2)
3)

APPROVED/DECLINED
A/C No
ENTERED 1)
2)