

Credit Account Application Form

Please fill in with capital letters

Date:

Name of Account:

Postal Address:

Delivery Address:

Contact Person – Accounts:

Contact Person- Purchasing:

Phone: Fax:.....

E-Mail:

Web:

Online Invoice Mailing Yes No

Accounts E-Mail Address:

Trade References:

(1) Name: Phone:

(2) Name: Phone:

(3) Name: Phone:

How long has business been established?

Accountant: Phone:

Bank/ Branch:

Type of Business:

Estimated amount of business for 1 month with us \$.....

Please provide Directors/Partners details:

Name:

Address:

TERMS: All accounts payable 20th of month following date of invoice. Failure to do so may results in the stopping of credit facilities without notice, until payment is made. Continued noncompliance will result in the account being closed and legal action taken to recover the amounts outstanding. All costs of collection, including debt collector’s fees will be added to the account.

OWNERSHIP: Ownership of goods will only be transferred to the purchaser upon full payment of monies due in respect of the purchase.

I HERBY ACKNOWLEDGE ACCEPTANCE OF THIS ABOVE MENTIONED TERMS AND OWNERSHIP CLAUSE.

PRINT NAME: DESIGNATION: SIGNED:

Please Email or fax this form back to us : Email: info@tgaint.co.nz, Fax: 09 272 4787