



TO: Teltherm Instruments Limited
 PO Box 12171
 Auckland 1642
 Ph: +64(09) 633 0040
 Fx: +64(09) 633 0012

APPLICATION FOR CREDIT – GOODS AND SERVICES

Trade Name: _____

Sole Trader Partnership Trading As Company Other _____

Legal Name: _____

Physical Address: _____

Postal Address: _____

Telephone: ☎ () _____ Fax: ☎ () _____ Mobile: 📱 () _____

Identification Type: _____ Identification Number: _____

E-Mail Address: _____ Date of Birth: _____

Business Activities: _____

If a Company: Registered Office address and Company Number: _____

If a Partnership or Sole Trader: Are copies of all Drivers Licences or Birth Certificates or Passports attached?

Principal Shareholders or Proprietors: _____

Name and address of all Directors, or Partners if a Partnership (if not named above):

Bank: _____ Branch: _____

Solicitor's Name and Address: _____

Accountant's Name and Address: _____

Independent Trade References (not utilities, solicitors, accountants or banks)

1. _____ Phone: (____) _____

2. _____ Phone: (____) _____

3. _____ Phone: (____) _____

Persons with authority to order are: _____

Name of Accounts Payable contact: _____

This form completed by: _____ Title: _____

DECLARATION:

I, _____ **(name):**

- have read the Terms and Conditions of Trade;
- understand the Terms and Conditions of Trade;
- agree to the Terms and Conditions of Trade;
- confirm that I am authorised to accept these Terms and Conditions of Trade on behalf of the Customer;
- agree the Vendor shall retain full ownership of all Goods and Services supplied;
- authorise any person or company, under the Privacy Act 1993, to provide the Vendor with any information the Vendor may require in response to its credit enquiries;
- authorise you to furnish to any third party details of this application for credit and any subsequent dealings the Customer may have with you;
- undertake to pay the Account as it falls due;
- acknowledge that in default of prompt payment, interest will accrue at the rate of 2.5% per month;
- agree all unpaid accounts will incur collection/legal fees (as between solicitor and client).

Signed: _____ **Company Director/Partner/Proprietor/Manager** *(delete inapplicable)*

Title: _____ Date: _____