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| **Application for Credit Terms** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| You are requested to complete all sections of this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant (please tick as appropriate):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
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| Partnership | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
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| Sole trader | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
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| Other | | | | | | | | | | | |  | | State Type? | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Full legal trading name/s of credit applicant:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | New Zealand Business Number (NZBN): | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone number: | | | | | | | | |  | | | | | | | | | | | | | Fax number: | | | | | | | | | |  | | |
|  | Name of chief manager of applicant: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | e-mail address: | | | | | | | |  | | | | | | | | | | | | | | | | | DDI: | | | |  | | | | | |
|  | Cellphone: | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
|  | Name of person responsible for payment of account on time: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | e-mail address: | | | | | | | |  | | | | | | | | | | | | | | | | | DDI: | | | |  | | | | | |
|  | Cellphone: | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **2.** | **If limited liability company or public listed company:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address of registered office: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Year of incorporation | | | | | | | | | | | |  | | | | | Company Regn. No. | | | | | | | | | | | | | | | |  | |
| **3.** | **If partnership give full names (not initials) and private address/es of** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | All partners: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | b) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | c) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Year of commencement of partnership: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **4.** | **If sole trader, give full name and private address of sole trader:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Year of commencement of trading: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **5.** | **Your banker's name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (and contact person) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | |  |
| **6.** | **Your accountant's name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (and contact person) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | |  |
| **7.** | **Trading reference 1:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | |  |
|  | (comments) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Trading reference 2:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | |  |
|  | (comments) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Trading reference 3:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone: | | |  |
|  | (comments) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | **If the credit applicant is a trading trust please supply the full name and date of trust deed:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  |
|  | (and contact person) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Terms of credit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The applicant acknowledges:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | That payment for services and products supplied by International Accreditation New Zealand is due on the 20th day of the month following the date of the invoice and that payment will be made by the due date. Interest at the rate of 2% per month compounding monthly shall be payable by the applicant on any amount overdue by the applicant to International Accreditation New Zealand. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | That the applicant shall be liable to International Accreditation New Zealand for all costs incurred by International Accreditation New Zealand in collecting or attempting to collect overdue amounts from the applicant, including but not limited to debt collection fees and legal costs on a solicitor – client basis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | That International Accreditation New Zealand is entitled to collect any information it reasonably regards as necessary for its credit enquiries and control purposes from any third party as it considers appropriate. Accordingly, the signing of this application represents an authority for any person or company to provide International Accreditation New Zealand with information as it may reasonably require in response to its credit enquiries. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | That International Accreditation New Zealand is authorised to pass such of this information to a debt collection agent as is appropriate in the event that the applicant fails to pay International Accreditation New Zealand in accordance with these terms of credit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | That if there is any material change in the above information, the applicant will notify International Accreditation New Zealand immediately in writing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Declaration:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am authorised to provide this information on behalf of the credit applicant and accordingly declare that the information contained in this application is correct and that the credit applicant requests that International Accreditation New Zealand open a credit account in accordance with the above stated terms of credit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed: | |  | | | | | | | | | | | | | | | Name (please print): | | | | | | | | | | | | | |  | | | | |
| Position/title: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For office use only**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Credit limit: | | | | | | | |  |
| Date opened: | | | | | |  | | | | | | | | | | | | | | | | | | Coding: | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |