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CREDIT ACCOUNT APPLICATION To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached. Customer's Details: ☐ Individual □ Sole Trader ☐ Trust ☐ Partnership □ Company ☐ Other: Full or Legal Name: Trading Name: (If different from above) **Physical Address:** Postcode: Billing Address: Postcode: **Email Address:** Phone No: Mobile No: Personal Details: (please complete if you are an Individual) D.O.B. Driver's Licence No: Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified) Company Number: Date Incorp. (current owners): Nature of Business: GST No: (if applicable) Paid Up Capital: \$ Estimated Monthly Purchases: \$ Credit Limit Required: \$ Principal Place of Business is: ☐ Rented ☐ Owned ☐ Mortgaged (to whom): Directors / Owners / Trustee (if more than two, please attach a separate sheet) D.O.B. (1) Full Name: Private Address: Postcode: Driver's Licence No: Phone No: Mobile No: (2) Full Name: D.O.B. Private Address: Postcode: Driver's Licence No: Phone No: Mobile No: **Account Terms:** ☐ YES □ NO Purchase Order Required? Accounts to be emailed? ☐ YES Accounts Email Address: Accounts Contact: Phone No: Bank and Branch: Account No: **Trade References:** (please provide companies that are willing to do trade references) Name: Address: Phone / Fax / Email: 1. 2. <mark>3</mark>. I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of East Coast Heavy Diesel & Machinery Limited which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract. SIGNED (CUSTOMER): SIGNED (ECHD): Name: Name: Position: Position: Date: __ Date: WITNESS TO CUSTOMER'S SIGNATURE: Date: Signed: __ Name: __

OFFICE USE ONLY				
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE
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