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F (03) 214 1952



BUSINESS CREDIT ACCOUNT APPLICATION FORM

BUSINESS DETAILS:				
Trading Name:				
Full Legal Name:				
Type of Business:	E.g. Company, Sole trader, Partnership, Trust			
Contact Person Name:				
Postal address: (Include postcode)				
Physical address: (if different from postal address)				
Phone:				
Email:				
Website:				
BUSINESS OWNER(S) DETAILS: (If more than 2 people please provide additional information on separate sheet)				
1. Name:				
Residential Address: (Include postcode)				
Mobile Phone:				
2. Name:				
Residential Address: (Include postcode)				
Mobile Phone:				

All invoices to be paid into the nominated bank account for Avenal Service Centre 2017 Ltd by the 20th 1. of the following month.

TRADE REFERENCES:					
#	Business Name	Contact Person	Phone		
1.					
2.					
3.					

DECLARATION:

By signing and returning this Application, I/we (the Customer):

- 1. Understands that Avenal Service Centre 2017 Ltd ("the Supplier") reserves the right to decline this Application.
- Confirm that the information supplied by me/us in this Application is correct and complete and I/we
 agree to immediately advise the Supplier of any material change of any of the information contained
 in this Application.
- 3. Have read and understood the Supplier's standard terms and conditions of trade ("Terms of Trade") included with this Application and agree to be bound by the Terms of Trade (including any variations or replacement) and this Application.
- 4. Agree that all orders for goods and services (being the goods and services described on the invoices) placed with the Supplier are supplied on these terms and on the Terms of Trade.
- 5. Authorise any person or company to provide the Supplier with such credit information as the Supplier may require about me/us.
- Authorise the Supplier to collect personal information about me/us from the trade referees named in this Application and from the credit reference agencies used by the Supplier. I/We acknowledge that such information is collected for any purpose connected with my/our business, for considering this Application and for all purposes in connection with the Supplier marketing of products and services in New Zealand. I/We consent to the Supplier disclosing any such information to credit reference and debt collection agencies as part of information exchanges with them. I/We acknowledge that my/our rights at law in relation to obtaining and correcting all information about me/us held by the Supplier are not affected.
- 7. Acknowledge that where more than one applicant applies for credit under this Application, each applicant will be jointly and severally liable.

If you have signed this application as a Director, Partner, Trustee or in any other capacity, you agree that the Supplier may collect personal information about you (in your personal capacity) from the credit reference agencies used by the Supplier. You acknowledge that such information is collected for the purpose connected with the Applicant's business and for considering this Application. You may access and correct any personal information held by the Supplier about you.

1.	Signed:		
	Written full name:		
	Position/Title:	E.g. Director, Partner, Trustee	
	Date:		
2.	Signed:		
	Written full name:		
	Position/Title: E.g. Director, Partner, Trustee		
	Date:		
OFFICE USE ONLY			
Approved Y/N:			
Entered b	y:		
Date:			