NZ Survivor Ltd

APPLICATION FOR CREDIT



Av Mth Spend

No of Years

CUSTOMER DETAILS

1.	Full Legal Name:	WWW.nZSURVİVOR.CO.N Free call 0508 69 78 78 Your survival may depend on it!		
2.	Trading as: (if different from above)			
3.	Delivery Address:			
4.	Postal Address: (if different)			
5.	Business Telephone: Fax No:			
6.	Email for Accounts:			
7.	Nature of Business:	Years in Business:		
8.	Type of Business: (circle) Limited Company / Sole Trader / Partnership / Trust / Other			
9.	Purchasing Contact:			
	Phone: (DDI) Email:			
10.	Ownership – Please insert Owner(s) / Director(s) personal details in full:			
	Name:DO	B:		
	Address:			
	Name:DO	B:		
	Address:			
11.	Credit limit applying for:			
TRA	DE REFERENCES			

Phone Number

Company Name

1							
2							
3							
I/we understand that credit is granted for payment by 20 th of the month following purchase and that until full payment is made to NZ Survivor (the company) any goods supplied by the company shall remain the property of the company and may be taken back by employees or agents of the company if payment is overdue. I/we understand that the company shall be entitled to terminate or suspend any credit							

arrangement with me/us if I/we default in any of these terms or conditions.

I/we undertake to pay the account in full on or before the due date. In default of any due payment, I/we understand that the company may charge interest on the amount outstanding at the rate of 5% per month and I/we undertake to indemnify from me/us on any overdue

Under the terms of the Privacy act 1993, I/we authorise any person or business or organisation to provide the company with such information as they may require in response to their credit inquiries I/we authorise the company to furnish to any third company with party details of this application and any subsequent dealings that I/we may have with the company as a result of the application being auctioned by the company.

I confirm I have read and understand the Terms and Conditions above and agree that all purchases will be made on this basis.

Signed:	Date:				
Print Name:	Designation:				
Pleas	Please email victoria@nzsurvivor.co.nz				
GUARANTEE					
payment of all monies owed to you by the by you shall reduce or affect my liability by	poods and services to the above customer I PER customer. I agree that no granting of time, w ut as between you and me I shall be deemed t or signature confirms my acceptance of the cor	vaiver, indulgence or neglect to sue to be the principle debtor. I have			
Signature of guarantor:	Name of guarantor:				
Address:	Осси	upation:			
Witnessed by (name):	Signed:	DOR•			