

NEW CLIENT CREDIT APPLICATION AND SET UP

Company/business name: _____

Trading name: _____

Postal address: _____

Business address: _____

Nature of business: _____

Years established: _____ Under present ownership: _____ years

Parent company: _____

Previous business name(s) if any: _____

INVOICES

Contact name: _____

Position: _____

Email address: _____

Phone number: _____ Email: _____

STATEMENTS

Contact name: _____

Position: _____

Email address: _____

Phone number: _____

Business type: Company Trust (tick one)

Name of Managing Director(s) / proprietors:

1. _____

2. _____

3. _____

Name of your bank: _____ Branch: _____

Years with bank: _____

CREDIT REFERENCES

| | | | |
|--|-------|--------|-------|
| 1. Contact name: | _____ | | |
| Position: | _____ | | |
| Company: | _____ | | |
| Phone number: | _____ | Email: | _____ |
| 2. Contact name: | _____ | | |
| Position: | _____ | | |
| Company: | _____ | | |
| Phone number: | _____ | Email: | _____ |
| Your estimate of monthly credit required: | \$ | _____ | |
| All accounts are payable 20th of month following invoice date. | | | |

LABORATORY RESULTS

| | |
|----------------|-------|
| Email address: | _____ |
| Contact name: | _____ |
| Phone number: | _____ |

DECLARATION

I/we hereby acknowledge receipt of Awanui Scientific Terms and conditions of Trade and upon acceptance by the supplier by way of written notice or the supply of goods and services **and having read the Terms and Conditions of Trade** agree to be bound accordingly. The customer further agrees to the obtaining and use of credit information supplied in this credit application.

Signature of applicant: _____ Date: _____

Name (please print): _____

Title: _____

Company: _____

**Please return completed form (2 pages) to:
PO Box 12049, Penrose, Auckland 1642 or email NZ.Accounts@awanuigroup.co.nz**

OFFICE USE ONLY

| | | | |
|------------------------|-------|------------------|----------|
| Account code allocated | _____ | Credit approved: | Yes / No |
| Customer category: | _____ | | |
| Credit manager: | _____ | Authorised: | _____ |
| Date: | _____ | | |