

Please return this form via email to: info@printfinishing.co.nz

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

| | | | | |
|--|--|--|---------------------------------------|---------------------------|
| Client's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other: | | | | |
| Full or Legal Name: | | | | |
| Trading Name: <i>(If different from above)</i> | | | | |
| Physical Address: | | | | Postcode: |
| Billing Address: | | | | Postcode: |
| Email Address: | | | | |
| Phone No: | | Fax No: | | Mobile No: |
| Personal Details: <i>(please complete if you are an Individual)</i> | | | | |
| D.O.B.: | | | Driver's Licence No: | |
| Business Details: <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)</i> | | | | |
| Company Number: | | | Date Incorp. <i>(current owners):</i> | |
| Nature of Business: | | | | |
| Paid Up Capital: \$ | | Estimated Monthly Purchases: \$ | | Credit Limit Required: \$ |
| Principal Place of Business is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <i>(to whom):</i> | | | | |
| Directors / Owners / Trustee <i>(if more than two, please attach a separate sheet)</i> | | | | |
| (1) Full Name: | | | D.O.B.: | |
| 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: <input type="checkbox"/> 20 Days | | | | |
| Purchase Order Required? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Accounts to be emailed? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Accounts Email Address: | | | | |
| Accounts Contact: | | | | Phone No: |
| Bank and Branch: | | | | Account No: |
| Trade References: <i>(please provide companies that are willing to do trade references)</i> | | | | |
| Name: | | Address: | | Phone / Fax / Email: |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

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 as stated on our website: <http://printfinishing.co.nz/terms-of-trade/> 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 Client I shall be personally liable for the performance of the Client's obligations under this contract.**

SIGNED (CLIENT): _____ SIGNED (SELLER): _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CLIENT'S SIGNATURE:

Signed: _____ Name: _____ Date: _____

| OFFICE USE ONLY | | | | |
|--------------------|--------------|-------------|---------------|------|
| Account / Ref. No. | CREDIT LIMIT | APPROVED BY | DATA INPUTTED | DATE |
| | \$ | | | / / |