



CREDIT ACCOUNT APPLICATION AND AGREEMENT

APPLICANT DETAILS					
Registered Company Name				Company	
Trading As (where applicable)				Sole Trader	
Street Address					
Postal Address for Accounts					
Main Account Contact	Name:			Business Ph:	
	Email:			Mobile Ph:	
Nature of Business (Main Activity)					
Anticipated Monthly Purchase \$			Max Credit Requested \$		
Order # Required for Purchases?	NO		YES		If Yes, Format?
Accounts Payable Contact:				Email:	

COMPANY PARTICULARS		
Company No:	Date of Incorporation:	
Registered Office:		
Directors Full Names (2)	Residential Address:	Phone:
1		
2		
How long has the Company traded under Current Ownership		
Has the Company or its Directors ever been served with a statutory demand or other proceedings in relation to the recovery of debt? If Yes, Please provide Details:		

TRADE REFERENCES (2)			
Name	Company	Phone	Av Spend/Month

Have you ever had an Account Application Decided by a Supplier? If yes, please provide details:



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GENERAL TERMS OF CREDIT	
★	Invoices are payable in Full on the 20th day of the month following the Invoice Date to Daneunder Ltd t/a Daneunder Workwear 12 3493 0083759 00 . A full Statement will be emailed on the 1st of each month.
★	Goods remain the property of Daneunder Workwear until payment is received in Full.
★	Ongoing Credit is subject to Review at any time - Daneunder reserves the right to cancel any Credit Agreement at its' sole Discretion.
★	Daneunder Ltd reserves the right to charge Interest of 5% pa plus any collection Fees incurred by EC Credit for Overdue Accounts where no prior Agreement has been made between the Customer and Daneunder Ltd.

CUSTOMER DECLARATION
<p>The Applicant hereby applies for a Trade Credit Account with Daneunder Limited trading as Daneunder Workwear in accordance with the General Terms of Credit outlined above. The Applicant warrants and represents that all information in this Application is accurate and complete. Daneunder Workwear reserves the Right to deny any Application for Credit at its sole discretion.</p>

APPLICANT TO COMPLETE

Signature: _____ Print Name: _____ Position: _____

Date: _____

WITNESS TO COMPLETE

Signature: _____ Print Name: _____ Position: _____

Date: _____

Completed Forms can be sent to Julie Maltesen via Email julie@daneunder.co.nz

FOR OFFICE USE ONLY			
Date Received:	Date Processed:		
Processed By:	Approved:		Declined:
Customer Code Allocated	Loaded:		
Customer Price Group:	Credit Limit:		