Account Application Form

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PETROLEUM LOGISTICS

Please complete relevant sections, on both sides, and read the Terms and Conditions on www.gofuel.co.nz

DATE: ☐☐ ☐☐ ☐☐

PREFERRED CUSTOMER OFFER OR PROMOTIONAL CODE: SuperGold Holder

SUPERGOLD CARD NUMBER:

PERSONAL ACCOUNT

Account Name:

Customer's Full Name:

Phone: ☐☐☐☐☐☐☐☐☐☐ **Mobile:** ☐☐☐☐☐☐☐☐☐☐

Email:

Mailing Address: **Postcode:**

Physical Address:

Postcode:

Driver's Licence: **Version or 5b:** ☐☐☐ **DOB:** ☐☐ ☐☐ ☐☐☐☐

FUEL CARD DETAILS

	Details to be embossed on each card i.e. Driver Name	Daily Credit Limit	Monthly Credit Limit **per card**	4 digit pin	Purchase codes
1.					
2.					
3.					
4.					

Invoices/statements sent by email

No card fees No annual fees
No transaction fees

Purchase Codes		Fuel Only	004
Petrol Only	002	Fuel & Oil Only	005
Diesel Only	003	Fuel, oil & car wash	006

☐ **Initial.** I have read and understood the TERMS AND CONDITIONS OF TRADE (www.gofuel.co.nz) of Petroleum Logistics Limited which form part of, and are intended to be read in detailed in the Privacy Act clause therein.

I certify that the above information is true and correct and that I am authorised to make this application for credit. I agree that if I am a director or shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customers obligations under this contract.

Signed (customer): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Name:** _

BANK DETAILS **Credit Terms** – Direct Debit (refer to our terms and conditions)

DIRECT DEBIT AUTHORITY

NAME OF ACCOUNT:

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:

Bank Branch Account Number Suffix

(PLEASE ATTACH AN ENCODED DEPOSIT SLIP TO ENSURE YOUR NUMBER IS LOADED CORRECTLY)

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

0 3 2 0 1 1 3
Authorisation Code

To: The Bank Manager,

BANK:

BRANCH:

TOWN/CITY:

I/We authorise you until further notice, to debit my/our account with all amounts which PETROLEUM LOGISTICS LTD (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed overleaf.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT:

PAYER PARTICULARS PAYER CODE PAYER REFERENCE

YOUR SIGNATURE(S)

DATE:

Original – Retain at Branch

FOR BANK USE ONLY

Approved #20113	Date Received:	Received by:	Checked by:	BANK STAMP
08 11				

CONDITIONS OF THIS AUTHORITY

1. The Initiator:

(a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either:-
  (I) in writing; or
  (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The notice will include the following message:-

The amount of $.....was direct debited to your Bank account on.....(initiating date)'.

(b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

(a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator.

(b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

(c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

(a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.

(b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lies between me/us and the initiator.

(d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
  – the accuracy of information about Direct Debits on Bank statements.
  – any variations between notices given by the Initiator and the amounts of Direct Debits.

(e) The Bank is not responsible for, or under any liability in respect of the Initiators failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.

(b) At any time terminate this Authority as to future payments by notice in writing to me/us.

(c) Charge its current fees for this service in force from time-to-time

Postal address: PO Box 54142 Mana Porirua 5247
Physical address: Unit 1, 6 Northpoint St, Plimmerton, Porirua 5026
Contact details: 04 233 6180 or 0800 42 83 83 **Email:** admin@plpl.co.nz