

# APPLICATION FOR CREDIT

97c Mt Eden Road  
Mt Eden  
P O Box 6253  
Wellesley Street  
Auckland  
Ph 09 300 4249  
Fax 09 300 6330  
info@archintel.co.nz

<b>ORGANISATION TYPE</b> (Tick one)	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader
<b>TRADING NAME</b>			
<b>REGISTERED NAME</b>			
<b>REGISTERED ADDRESS</b>			
<b>YEARS IN BUSINESS</b>		<b>NUMBER OF EMPLOYEES</b>	
<b>INVOICE ADDRESS</b>			
<b>NATURE OF BUSINESS</b>			
<b>PAID-UP CAPITAL</b>			
<b>DELIVERY ADDRESS</b>			
<b>PHONE NUMBER</b>			
<b>FAX NUMBER</b>			
<b>EMAIL</b>			
<b>ACCOUNT CONTACT</b>			
<b>BANK &amp; BRANCH</b>			
<b>ACCOUNTANT</b>			
<b>SOLICITOR</b>			
<b>DIRECTORS' NAMES</b>			
<b>TRADE REFERENCE 1</b>			
<b>CONTACT</b>			
<b>PHONE NUMBER</b>			
<b>TRADE REFERENCE 2</b>			
<b>CONTACT</b>			
<b>PHONE NUMBER</b>			
<b>TRADE REFERENCE 3</b>			
<b>CONTACT</b>			
<b>PHONE NUMBER</b>			

Please read and sign the declaration on the reverse of this sheet and fax both sides to 09 300 6330.



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## DECLARATION:

1. I certify that I am authorised by the applicant to make this application and bind it to your **terms and conditions of sale**, a current copy of which is attached to this application.
2. The applicant agrees to provide a copy to you of its latest balance sheet or statement of assets and liabilities (and any guarantor/s of the obligations of the applicant), should you request such information.
3. To the best of the applicant's knowledge and belief the information contained in this application and any additional material provided to you is true and correct in all material aspects.
4. We also authorise you to carry out credit checks in relation to this application and guarantee and give to anyone else details of this application and any subsequent dealings that you may have in relation to it including credit references and debt collection.
5. We understand that you will not supply goods until you are satisfied as to our creditworthiness.

## GUARANTEE:

1. In consideration of you supplying the Goods to the applicant, at our request, I or we jointly and severally guarantee payment upon demand of all monies owed by the application from time to time to you.
2. We agree and acknowledge that as between you and ourselves we are liable to you as principal debtors and our liability will not be lost or removed by anything that would release someone liable only as a surety.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position held: \_\_\_\_\_

Date: \_\_\_\_\_

Witness to signature:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_