

Total Coatings Limited 1/64 Hunua Road, Papakura, AUCKLAND 2110 Phone: (09) 299 2040 Email: info@totalcoatings.co.nz

GST: 108 992 433

CREDIT ACCOUNT APPLICATION

To be completed by Applicants - I lease complete an sections and read the Terms and Conditions of Trade overlear of attached.							
Client's Details: ☐ Individual ☐ Sole Trader ☐ Trust ☐ Partnership ☐ Company ☐ Other:							
Full or Legal Name:							
Trading Name: (If different from above)							
Physical Address:						Postcode:	
Billing Address:						Postcode:	
Email Address:							
Phone No: Fax No: Mobile No							
Personal Details: (please complete if you are an Individual)							
D.O.B. Driver's Licence No:							
Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)							
Company Number:				Date Incorp. (current owners):			
Nature of Business:							
Paid Up Capital: \$ Estimated Monthly Pure					Credit Limit Required: S	\$	
Principal Place of Business is: ☐ Rented ☐ Owned ☐ Mortgaged (to whom):							
Directors / Owners / Trustee (if more than two, please attach a separate sheet)							
(1) Full Name:					D.O.B.	1	
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: ☐ 20 Days ☐ COD ☐ Other:							
Purchase Order Required? ☐ YES ☐ NO Accounts to be emailed? ☐ YES ☐ NO							
Accounts Email Address:							
Accounts Contact: Phone No							
Bank and Branch:					Account No:		
Trade References: (please provide companies that are willing to do trade references)							
Nam	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 (overleaf or attached) of Total Coatings Limited 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:				
WITNESS TO CLIENT'S SIGNATURE:							
Signed:				Name:	nme: Date:		
OFFICE USE ONLY							
Account / Ref. No.	CREDIT LIMIT		AP	PROVED BY	DATA INPUTTED	DATE	
	\$					1 1	