

APPLICATION FOR A CREDIT ACCOUNT



Northport Limited
PO Box 44, Ruakaka

ACCOUNT & CONTACT DETAILS

ACCOUNT NAME:

POSTAL ADDRESS:

STREET ADDRESS:

BUSINESS PHONE: FACSIMILE:

PRIVATE PHONE: MOBILE:

EMAIL ADDRESS: BANKER:

ACCOUNTANT: SOLICITOR:

NATURE OF BUSINESS:

MAIN ACCOUNT CONTACT:

EXPECTED MAXIMUM AMOUNT OF CREDIT REQUIRED MONTHLY \$.....

INVOICES TO BE EMAILED YES NO (please circle one)
IF "YES" EMAIL ADDRESS TO BE USED.....

CREDIT REFERENCES

COMPANY NAME: PHONE:

COMPANY NAME: PHONE:

COMPANY NAME: PHONE:

I/We understand and agree that your credit terms are strictly monthly and that payment is to be made on the 20th of the month following the invoice date.

I/We understand and agree that interest is payable on any account not paid by the end of the month immediately following the month of purchase and that the rate of interest is 1.5% per month. Any account not so paid shall also have added to it any costs incurred by our solicitors and/or debt collection agents in the course of endeavours to have the account paid.

I/We understand that the title to a property in the goods or services supplied does not pass until such goods or services have been paid for.

I/We authorise any person or company to provide you with such information as you may require in response to your credit and/or employment enquiries. I/We authorise you to furnish to any third party details of this application and of any subsequent dealings that I/We may have with you as a result of this application being actioned by you.

SIGNATURE: **POSITION:**

(Director or Authorised Signatory)

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Office Use Only

Credit Account Approved / Date

Account Loaded

Account Number Allocated