

NEW CLIENT CREDIT APPLICATION AND SET UP

Company/business name:	_____
Trading name:	_____
Postal address:	_____ _____ _____
Business address:	_____ _____ _____
Nature of business:	_____
Years established:	_____ Under present ownership: _____ years
Parent company:	_____
Previous business name(s) if any:	_____

INVOICES

Contact name:	_____
Position:	_____
Email address:	_____
Phone number:	_____ Email: _____

STATEMENTS

Contact name:	_____
Position:	_____
Email address:	_____
Phone number:	_____
Business type:	Company <input type="checkbox"/> Trust <input type="checkbox"/> (tick one)
Name of Managing Director(s) / proprietors:	
1.	_____
2.	_____
3.	_____
Name of your bank:	Branch: _____
Years with bank:	_____

CREDIT REFERENCES

1. Contact name:	_____		
Position:	_____		
Company:	_____		
Phone number:	_____	Email:	_____
2. Contact name:	_____		
Position:	_____		
Company:	_____		
Phone number:	_____	Email:	_____
Your estimate of monthly credit required:	\$	_____	
All accounts are payable 20th of month following invoice date.			

LABORATORY RESULTS

Email address:	_____
Contact name:	_____
Phone number:	_____

DECLARATION

I/we hereby acknowledge receipt of Awanui Scientific Terms and conditions of Trade and upon acceptance by the supplier by way of written notice or the supply of goods and services **and having read the Terms and Conditions of Trade** agree to be bound accordingly. The customer further agrees to the obtaining and use of credit information supplied in this credit application.

Signature of applicant: _____ Date: _____

Name (please print): _____

Title: _____

Company: _____

**Please return completed form (2 pages) to:
PO Box 12049, Penrose, Auckland 1642 or email nz.accountsreceivable@awanuigroup.co.nz**

OFFICE USE ONLY

Account code allocated	_____	Credit approved:	Yes / No
Customer category:	_____		
Credit manager:	_____	Authorised:	_____
Date:	_____		