

GREENE BROTHERS

Credit Account Application

Applicants to complete - Complete all sections & read terms & conditions of trade overleaf.

DATE: _____ REF NO: _____

CLIENT'S TRADE NAME: _____

CLIENT'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Billing Address: _____ Physical Address: _____

Postcode: _____ Postcode: _____

COMMERCIAL CLIENTS ONLY _____ Company Number: _____

Requested Credit Limit: _____ Date Established: _____

Main Contact: _____ Accounts Contact: _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Email Invoices/Statements: Yes / No

DETAILS OF OWNER, PARTNERS OR DIRECTORS

Full Name: _____ Full Name: _____

Home Address: _____ Home Address: _____

Postcode: _____ Postcode: _____

Home Phone: _____ Home Phone: _____

TRADE REFERENCES

Business Name: _____ Business Name: _____

Address or A/C No: _____ Address or A/C No: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

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) of Greene Brothers 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 or a 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: _____ Signed: _____

Name: _____ Name: _____

Position: _____ Position: _____

ID: _____ ID: _____

DOB: _____ DOB: _____

Date: _____ Date: _____

Return to:

GREENE BROTHERS

PO Box 20564, Hamilton 3241

Ph: (07) 850 4109 - Fax: (07) 850 4105

Email: mandi@greenebrothers.co.nz