

## CREDIT APPLICATION FORM

### Organisation Type

Company  Trust  Partnership  Sole Trader  Individual  Other: \_\_\_\_\_

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

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

### Details of Organisation

Delivery Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Nature of Organisation: \_\_\_\_\_ Estimate Monthly Spend: \$ \_\_\_\_\_

### Contact Persons

**Owner/Manager** - Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Accounts Payable** - Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Purchasing Officer** - Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Order Numbers required on orders: Yes  No  Invoices/Statements Emailed: Yes  No

### Trade References (Minimum of 2 required)

Reference 1: \_\_\_\_\_ A/C #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 2: \_\_\_\_\_ A/C #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 3: \_\_\_\_\_ A/C #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 4: \_\_\_\_\_ A/C #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Acceptance** - All purchases by our organisation from Packaging Plus Ltd will be subject to the Terms of Trade which are available on request. By acknowledging and accepting the Terms of Trade, as a form of security by Packaging Plus Ltd, they will check my credit rating; I will confirm my acceptance of this by signing below. ***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.***

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature (by authorised signatory): \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



PO Box 6002, Invercargill 9840  
E| admin@packagingplus.co.nz  
P| 0800 700 100 F| 0800 700 122  
www.packagingpluscleaning.co.nz