

PATELENA HOUSE
12 GOODMAN PL, PENROSE,
AUCKLAND
P O Box 112-243, PENROSE 1642
TELEPHONE: (09) 622-0295
FAX: (09) 622-0297
CUSTOMERSERVICE@PATELENAHOUSE.CO.NZ

APPLICATION FORM FOR CREDIT

Trading (Business) Name.....

Registered Company Name & Business Number :.....

Business Address.....

.....

Postal Address.....

Telephone (Business).....Telephone (After Hrs).....

Fax No..... Email Address.....

Amount of time business has been trading:.....Years. Passport Number

(Cross out not applicable) Sole Owner/Partnership.....

Full Name and Home address of all Proprietor/s and or Directors:

Name:.....Date of Birth..... Home Address:.....

Name:.....Date of Birth..... Home Address:.....

TRADE REFERENCES: Three current suppliers, Name Address and Telephone:

1.Phone:.....

2.Phone:

3.Phone:

Business Bank and Branch :.....

I/We agree that the supplier reserves the right to withhold supplies to overdue accounts until the account is brought up to date and that we may levy a fee not to exceed 2% - month on such overdue account.

The Debtor gives the Company the right to enter any property to uplift said goods if payment has not been made.

The signatory/ies to this credit account application form personally guarantee/s all accounts tendered by and owing to Patelena House. All orders incur some freight and packaging charges.

TERMS OF TRADING: **PAYMENT 20TH OF MONTH FOLLOWING INVOICE DATE**

RETURNS: ONLY IF THE SUPPLIER IS NOTIFY WITHIN 14 DAYS ON RECEIPT OF GOODS.

All orders incur some freight and packaging charges.

I/We undertake to advise of any change of ownership, and to abide by the trading terms listed on this form, acknowledge these terms and also personally guarantee payment of any and all accounts together with any legal or out of pocket expenses associated with the collection of any outstanding monies.

ROMALPA CLAUSE: Title in any goods remain with Patelena House, until invoices have been paid in full.

I hereby certify that all information provided on this form is correct in all particulars and that I am authorized by the applicant to give certification.

Date:..... Signature:.....Position:.....

**PLEASE COMPLETE, AND FAX, Mail or EMAIL BACK TO US ASAP,
SO, WE ARE ABLE TO PROCESS YOUR ORDER**