



To: Victor Hydraulics Ltd

PO Box 16235

Hornby, Christchurch

Ph: (03) 344 2700

Fax: (03) 344 2701

Application for Credit – Goods

Trade Name: \_\_\_\_\_

Sole Trader  Partnership  Trading As  Company  Other

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Activities: \_\_\_\_\_

If a Company, Registered Office Address \_\_\_\_\_

Company Number: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Name and addresses, of all Directors if a Company, or all Partners if a Partnership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Solicitor's Name and Address: \_\_\_\_\_

Accountant's Name and Address: \_\_\_\_\_

Independent Trade References (not utilities, solicitors, accountants or banks)

1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

3. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Purchasing Officer: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Email: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_

DECLARATION: I, \_\_\_\_\_ (name)

- Have read the Terms and Conditions of Trade;
- Understand the Terms and Conditions of Trade;
- Agree to the Terms and Conditions of Trade;
- Confirm that I am authorised to accept these Terms and conditions of Trade on behalf of the customer;
- Agree the Vendor shall retain full ownership of all Goods and Services supplied;
- Authorise any person or company, under the Privacy Act 1993, to provide the Vendor with any information the Vendor may require in response to its credit enquiries;
- Authorise you to furnish to any third party details of this application for credit and any subsequent dealings the customer may have with you;
- Undertake to pay the Account as it falls due;
- Acknowledge that in default of prompt payment interest will accrue at the rate of 2.5% per month;
- Agree all unpaid accounts will incur collection/legal fees (as between solicitor and client).

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	
Credit Terms Approved: _____	Signed: _____ Business Development Manager
Credit Limit Approved: _____	Signed: _____ Company Director
Initial Credit Rating: _____	
PPSR Lodged: <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed: _____