



Credit Application Form

Auckland: 12 Piermark Drive, Albany, PO Box 30-2099, Auckland Phone: +64 9 415 5000

Wellington: Level 1, 5 Bouverie Street, Petone, PO Box 31-012, Lower Hutt, New Zealand Phone: +64 4 939 8764 www.eyede.co.nz

Trading name of customer

Customer name

Physical Address

Level/Unit

Street name and No

Suburb

City + Postcode

Email address

Phone number

Postal Address

Level/Unit

Street name and No

Suburb

City + Postcode

Email address

Phone number

If an Incorporated business, the following information is required:

Registered office

Nature of business operations

Date of Incorporation

Nominal Capital

Number of years operating

Paid Up Capital

Is there Nominee / Trust Company Involvement?
Please provide details

I/We Certify All Information To Be Correct And Agree to Your Following Terms and Conditions.

Terms of Payment

Nett 20 days from the end of the month of invoice, unless otherwise specified on quotation and invoice.

Recovery costs

I/We agree to bear all expenses related to recovery of any monies due and owing to Eyede NZLP, outside of prescribed payment terms including the expense of a collection agency and/or all legal costs on a solicitor/client basis.

Interest on overdue accounts

Interest at a rate 2% higher than the National Bank of New Zealand base rate effective on the due date of payment may be charged on amounts seven (7) days outside of prescribed payment terms.

Reference Checking Both Initial and Ongoing

I/We agree that Eyede NZ may seek from a credit reporting agency or any other source it sees fit information to enable it to assess and monitor the initial and ongoing credit worthiness of your business.

Signature of authorised officer/owner

Print name

Position held

Date



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Description of goods you wish to purchase

Approximate value of orders

Initial \$

Max per month

\$

Yearly \$

References

Trading bank

Branch

Supplier 1

Contact name

Phone

Email address

Supplier 2

Contact name

Phone

Email address

Supplier 3

Contact name

Phone

Email address

Contact at Eyede

For admin purposes please provide accounts contact

Contact name

Phone

Email*

***Invoices / statements will be supplied via email. Please supply suitable address (generic preferred).**