

# CREDIT APPLICATION



Goodson Imports NZ Pty Ltd  
Unit R, 20 Cain Rd, Penrose,  
Auckland 1061  
P.O. Box 24637 Royal Oak 1345  
Tel: 09 - 580 1769  
Fax: 09 - 579 2379

APPLICATION NO: \_\_\_\_\_

NATURE OF ORGANISATION:  Sole Trader  Partnership  Limited Company  Individual

TRADE NAME: \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_ GST REGISTERED  YES  NO

POSTAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REGISTERED OFFICE: \_\_\_\_\_ COMPANY NUMBER: \_\_\_\_\_

CONTACT PERSON FOR ACCOUNT: \_\_\_\_\_

BANK NAME AND BRANCH: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

SOLICITOR'S NAME AND ADDRESS: \_\_\_\_\_

ACCOUNTANT'S NAME AND ADDRESS: \_\_\_\_\_

CREDIT REFERENCES (3 REQUIRED)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## DIRECTORS/PROPRIETORS

1 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**ESTIMATED CREDIT AMOUNT REQUIRED PER MONTH** \$ \_\_\_\_\_

### ACCEPTANCE

I certify that the above information is true and correct, and understand that I am authorised to make this application for credit in accordance with the Privacy Act (1993). I authorise any person or company to give information as may be required in response to credit enquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE of GOODSON IMPORTS NZ PTY LTD (overleaf or provided separately) and agree to abide by these conditions, which form part of, and are intended to be read in conjunction with this CREDIT APPLICATION and agree to abide by these conditions

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(IF SOLE TRADER OR INDIVIDUAL)

OFFICE NOTES: \_\_\_\_\_